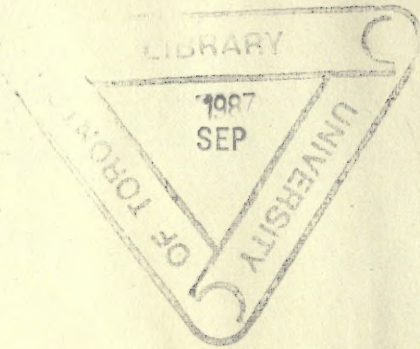


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THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, JULY 12, 1919.

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EDITORIAL.

EQUALITY FOR WOMEN.

Those nurses who listened to the Debate on the third reading of the Women's Emancipation Bill in the House of Commons on July 4th, which preceded that on the Report Stage of their own Bill, are to be congratulated on hearing a most memorable and historic discussion on the question of removing "all existing inequalities of the law as between men and women," a course to which the Government is committed by its election pledges. The Bill introduced by the Labour Party—which proposed to enfranchise all women over twenty-one—was not, however, acceptable to the Government, and it therefore sent out a whip to its supporters, requesting their attendance, "as the Government will oppose the Women's Emancipation Bill on the ground that it alters the franchise."

The right of exercising the Parliamentary franchise is conferred not only as a matter of justice to individuals, but in order that they, on their side, may bring to the State something of value in dealing with politics. Do young men and women of 21 as a whole possess that informed knowledge of politics which will enable them to give an enlightened vote at Parliamentary elections? We are not arguing in opposition, but we think that there is need to study and to know. We are inclined to agree with the member who held that it would be preferable, in the future, to fix the age of both men and women entitled to a vote at 25, rather than to lower the age for women to 21.

No one who has gone through the campaign for the State Registration of Trained Nurses in the House of Commons this year can have failed to realise the extreme danger arising from ill-considered political action on the part of

hordes of young women ignorant of its effect. Following the ukase of the Council of the College of Nursing, Ltd., its members have taken action of which the effect will be to deprive themselves of legal status, self-government, the protected title of Registered Nurse, and a protected uniform, in the immediate future. All these advantages were incorporated in the Bill introduced by Major Barnett on behalf of the Central Committee, and the House of Commons gave unmistakable evidence that it was prepared to grant them forthwith.

The old anti-registration policy of sowing dissension in the nursing ranks, and using ill-informed nurses as pawns in the game, was employed to defeat a broad and enlightened measure for their emancipation. Probably not one in five hundred of the members of the College of Nursing, Ltd., who obediently responded to the urgent whip from headquarters, which instructed them to earnestly beg Members of Parliament not to support the Bill promoted by the Central Committee, had even seen a copy of that Bill, and certainly could not give an intelligent summary of its provisions. Now there is only the slightest chance of the Bill reaching the House of Lords this Session, and Registration will therefore be again postponed until the exigencies of a very full Session permit the Government to carry through a Bill.

Such a situation gives one pause for thought, and for forming the opinion that political power should be conferred on instructed persons. It should, of course, not be a class privilege, but people who have the vote may justly be expected to exercise it with knowledge and discretion, and to bring to the service of the State, and to bear upon legislation, as Mr. Spencer claimed in the House of Commons, their "women's experience, intelli-

gence, and intuition." He said further: "The exercise of the franchise by woman is not putting a cross upon a ballot-paper. That is a mere incident in the matter. When woman comes to vote she brings her conviction, she brings her contribution from an intellectual point of view as to what is required."

OUR PRIZE COMPETITION.

WHAT WOULD YOU GET READY FOR A SURGEON WHO WANTED TO MAKE A VAGINAL EXAMINATION?

We have pleasure in awarding the prize this week to Miss Kathleen A. Fyson, General Military Hospital, Edmonton, N.18.

PRIZE PAPER.

If the vaginal examination were to be made in the patient's house, she could either be placed in bed, or an improvised gynæcological table could be made by getting a narrow wooden table upon which a thick rug or blanket is folded, over this a mackintosh covered with a sheet. One or more pillows will be required, an extra sheet for covering the patient, and a small blanket for her chest. If the table were not long enough, two chairs could be arranged for her feet. A chair will be required for the surgeon.

Privacy can be obtained by placing screens round the bed, and this should always be done if the patient is in a hospital ward.

A table should be placed in the room, covered with a towel, and on it a basin of hot water (with a further supply at hand), soap, a nail brush, and clean towels; also a bowl of antiseptic lotion—perchloride, or biniodide of mercury (1-2,000), or lysol (1 per cent.), or carbolic (1-40), or others, according to the choice of the surgeon. This is for the surgeon to scrub up with before the examination.

Another table is necessary. This should be covered with a sterile towel, and placed conveniently near the bed or table. The following things should be arranged on it:—(1) Several sterile towels; (2) sterile lubricant, either vaseline or glycerine; (3) small piece of soap, previously softened—this is used in examining by the rectum; (4) two pairs of sterilised rubber gloves, either dry or in a bowl of warm lotion, as preferred by surgeon; (5) two bowls of warm lotion, receivers in which to place soiled swabs and dressings; (6) absorbent wool swabs; (7) tape measure.

The following instruments should be placed in a dish of warm sterile water or lotion, with the exception of Playfair's probes, which require to be dressed and kept dry and sterile until used; vaginal speculum, vulsellum for-

ceps, uterine sound, long blunt-pointed scissors, sponge forceps, Playfair's probes and dressing forceps. A douche should always be in readiness in case it is needed, also a No. 8 Jacques' catheter and a glass catheter.

The vaginal specula most commonly used are Sims' duckbill speculum, or Fergusson's cylindrical speculum. These should, with all the instruments, be sterilised by boiling for at least twenty minutes. Before handing a speculum it should be warmed by placing it in a bowl of hot water, and then lubricated, if required.

The majority of cases are examined without an anæsthetic, but in some cases it is desirable; if so, an anæsthetic table is prepared, with everything in readiness should the patient collapse. The patient should, when possible, have a warm bath the day previous to the examination, the genitals being carefully shaved before the bath. An aperient should be given in the evening, followed in the morning by a simple enema; if an anæsthetic is to be given this is most essential. Also in this case the patient would have an early breakfast (light diet) six hours before the examination.

On the morning of the examination the external genitals should be cleansed with warm water and soap, and swabbed down with some antiseptic lotion. In an emergency it may only be possible to clear the lower bowel with an enema, and in cases of sudden illness this should not be done until the surgeon has seen the patient. The bladder must be emptied just before the examination.

No vaginal douche should be given unless ordered, as it washes away discharge which it may be important to note.

A loose vest, stockings and dressing-gown should be worn. This enables examination of the breasts and abdomen when required, and it is less inconvenient to all concerned.

The patient can be placed in various positions, each of which has some special advantage. A knowledge of them all enables the nurse to quickly place the patient in the one required. The patient sometimes prefers to have her face covered with a clean towel.

Whichever position is chosen, the patient should be as little exposed as possible, and all precautions taken against catching a chill.

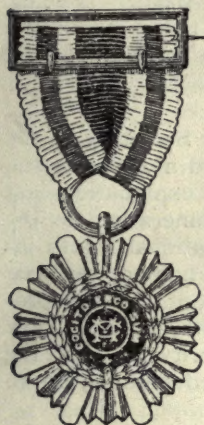
HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss W. M. Appleton, Miss J. McNeillie, Miss D. Sall, Miss Lydia M. Wharton, Miss H. T. Inglis.

QUESTION FOR NEXT WEEK.

Describe the nursing of a case after the excision of the tongue.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Summer Meeting of the Matrons' Council was held on Friday, 4th inst., at the Edith Cavell Home, Coombe Head, Haslemere, by the kind invitation of the Ladies' Committee and the Matron, Miss Hurlston.

In spite of uncertain weather, a party of twenty members assembled at Waterloo, and added to their numbers at Woking, and again at Guildford.

A dainty luncheon was served on their arrival at Coombe Head, in the dining-room which appeared to be a veritable bower of roses, and after an inspection of the rest of the charming premises, the members adjourned to the nurses' drawing-room where the business meeting took place.

MESSAGE OF SYMPATHY TO MRS. AITKEN.

The President, Miss Heather Bigg, who presided, said she was sure that all the members present would wish to join in a message of heartfelt sympathy to Mrs. Aitken on the loss of her husband, who passed away after two days' illness.

The Rev. G. H. Aitken, the generous donor of the Edith Cavell Home for Nurses, and the late Rector of Haslemere, would be sincerely missed and mourned by all the neighbourhood, and Miss Heather Bigg asked Miss Hurlston the Matron, to convey to Mrs. Aitken, and also to the Edith Cavell Committee, sincere messages of sympathy from the Matrons' Council.

A large number of letters of regret at inability to attend the meeting were received, and Miss Hulme added that Mrs. Bedford Fenwick, Miss Breay, Miss Cartwright, and Miss Helen Pearce were much disappointed at being unable to join the party.

LETTER TO LORD AMPHILL.

It was unanimously agreed that a letter should be sent from the Matrons' Council to Lord Amptill, expressing to him their warm appreciation of the help and support he had given for so many years to the cause of State Registration for Nurses.

APPLICATIONS FOR MEMBERSHIP.

Nine applications for membership were received and accepted.

THE NATIONAL COUNCIL OF WOMEN AND REGISTRATION.

Miss Bickerton, Matron of the Prince of Wales's Hospital, Tottenham, gave a most interesting account of the meetings and discussions that took place during the Conference held by the National Council of Women at Leicester. She made special reference to the inspiring presidential address of Mrs. Ogilvie Gordon.

Miss Bickerton referred to the Urgency Resolution brought forward at the Conference, proposed on behalf of "The National Union of Trained Nurses."

RESOLUTION.

"That the National Council of Women approves the Resolution passed by its Legislation Committee, supporting the Bill for the State Registration of Nurses, and again urges on the Government the imperative importance of the Bill, now before the House of Commons, becoming law this session."

Miss Amy Hughes raised objections to the Resolution, but it was carried by an overwhelming majority.

Miss Bickerton was warmly thanked by her audience for her interesting report of the discussion held at Leicester, and for her kindness in attending the Conference as one of the representatives from the Matrons' Council on that occasion.

A GOVERNMENT BILL.

Miss Heather Bigg followed with a short account of the progress of the Central Committee's Bill for State Registration in its Report stage in the House of Commons, and reminded her audience of the pledge given by Dr. Addison of a Bill for State Registration being brought in as a Government measure.

LETTER OF THANKS TO MAJOR BARNETT.

It was agreed that a cordial vote of thanks should be sent to Major Barnett, M.P., for "sticking to his guns" and refusing to withdraw the Bill on its Report stage in the House of Commons, as advocated by the representatives of the College of Nursing, Ltd., in the House of Commons.

A hearty vote of thanks to Miss Hurlston, the Matron, and to the Ladies' Committee, for their kindness in receiving the Matrons' Council, and for their generous hospitality, brought the business meeting to a close.

A PERFECT DAY.

Tea and a reception followed (held indoors owing to the rain), but rendered delightful by a talented quartette of violinists and pianist from London, who gave the visitors a musical treat of the highest order.

A stroll over the moor where the bilberries are ripening and the heather already in bloom was a pleasant ending to what, by universal consent, was declared to be "the end of a perfect day."

ANNIE E. HULME.
Hon. Secretary.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

A Meeting of the Central Committee will take place, by the kind permission of the British Medical Association, in its Council Chamber, 429, Strand, on Friday, July 18th, at 2.30, and not on the 19th as arranged, July 19th having been officially set apart as Peace Day.

CENTRAL COMMITTEE'S BILL NOT WITHDRAWN.

The statement made in the nursing press subsidised by the College Company, that Major Barnett has withdrawn the Nurses' Registration Bill from the House of Commons, is absolutely untrue. Every effort has been made to induce him to do so, but although antiquated Parliamentary procedure may enable the College representatives, in pursuance of its vindictive policy, to wreck the Bill, and deprive the Nurses of the splendid Charter of Rights it contains, the Bill will only lapse with the Session, and the Debate will be resumed on July 25th, circumstances permitting.

THE VOCAL THERAPY FUND.

The Vocal Therapy Fund, of which the Chairman is Sir Bryan Donkin, F.R.C.P., is formed to promote through speech and song the physical and mental health of sick, wounded and disabled Sailors and Soldiers in Hospitals, Convalescent Camps, and Training Centres, and to adopt, under Medical Advice, the most effective methods of Individual and Class Training in voice production, deep breathing, and aural training. This Curative Voice Training has been found most useful in cases in which the nervous system has been gravely affected.

A Concert in support of this excellent object is being given at the Botanical Gardens on July 12th, from 3 to 7, by Service and Ex-Service Men from hospitals and hostels. Tickets—Reserved 5s., Promenade 1s. 3d.—can be obtained from the Hon. Secretary, 32, Charles Street, W.

NURSING ECHOES.

We are glad to learn that at last the appeal for a new Nurses' Home at "Barts" is being taken in hand in earnest, and that a handsome sum has already been quietly subscribed. It is estimated that £150,000 will be required.

Major Astor, Parliamentary Secretary to the Ministry of Health, introduced a Bill into the House of Commons without explanation last week, to alter the rate of remuneration for the purposes of exception from national health insurance. The text of the Bill has not yet been published, but it is understood that the proposal of the Ministry of Health, which is now the national insurance authority, is that the income limit should be raised from £160 to £250.

Should this rate of income be accepted by Parliament it will widely affect the Nursing profession, and will make it necessary for the majority of matrons, and private nurses now exempted at the £160 income limit to be insured. Many private nurses went out of national insurance upon the legal decision that with fees ranging from £2 2s. to £3 3s. a week, board, lodging and laundry, when engaged, their earnings amounted to £160 a year. Those private nurses who elected to continue in insurance will gain thereby, as we presume those who will have to re-enter insurance will probably lose. Nurses should apply for terms to the Secretary, Trained Women Nurses' Friendly Society, 431, Oxford Street, London, W. 1, which is the only nurses' approved insurance society which is entirely managed by trained nurses, and which admits only nurses trained and in training.

Princess Victoria's clubs for nurses in France have now all been closed. These clubs have, at the request of the military authorities, been transferred to the Army of the Rhine, after being the greatest boon and blessing to our nurses on active service.

No bit of work for the benefit of nurses during the war has been a greater success than Queen Mary's Hostel for Nurses, situated in the charming houses, 39 and 40, Bedford Place, W.C., where thousands of nurses have been provided with a most delightful and real home when passing through London to and from duty.

This Hostel is now closed, and will long remain in the memory of those so hospitably

entertained there, a very bright spot in connection with the war. French Flag Nursing Corps Sisters are anxious publicly to express their most sincere gratitude for the unbounded kindness, courtesy and comfort they have invariably enjoyed at the Queen Mary's Hostels—the Superintendents of which have been "more than a mother to us," as one of them writes, after a recent visit.

Announcement was made at the committee meeting of the Edith Cavell Homes for Nurses that the offers of further houses at West Norwood and Hampstead have been accepted to meet the great demands for a period of rest that are pouring in now that the military hospitals are demobilising. Accommodation is now needed for at least a hundred overworked nurses per month, and it is estimated that during the next year there will be over 1,000 appeals for well-deserved rest. The subscription list for the maintenance of these valuable homes now exceeds £39,000, but as the honorary treasurer at 25, Victoria Street, S.W. 1, pointed out, much more will be wanted in order to afford this fully-earned period of recuperation and quiet.

The College policy to depreciate the value of legal status for nurses, by pretending £1 1s. is a sufficient fee for examination and State Registration, and that they cannot afford to pay more, has the bottom knocked out of it, when one learns the cost of sectional certificates which carry no legal status with them.

According to Miss E. H. Smith, Registrar, Infant Welfare Workers' Employment Bureau, training for a Sanitary Inspector cost £12 12s., a year's training at a polytechnic for a health visitor's certificate £14. A six months' course from £18 to £35 to qualify for the C.M.B. certificate. Hundreds of nurses add these certificates to that of the certificate for three years' general nursing, and if they can pay the above sums for these special certificates, it is absurd to say trained nurses are such idiots

and paupers that they cannot pay £3 3s. to £5 5s. for legal status, the protected title of "Registered Nurse," and protection for a registered uniform. Give them a chance and see. But that is what the College is doing its utmost to prevent.

The serious shortage of nurses in Somerset was discussed at the 17th annual meeting of the Somerset County Nursing Association held at Taunton, when it was stated that there was great need of increasing the number of nurses, and of making the profession more attractive.

We publish on this page a portrait of Miss



MISS E. JOHNCOCK, A.R.R.C.

E. Johncock, A.R.R.C., of the Edinburgh Medical Missionary Society, who for the greater period of the war nursed British wounded first in Nazareth and then in Damascus. Those whom she has nursed bear warm testimony to the value of her services. Captain Ferguson, of the 1st Battalion Durham Light Infantry, writes of her in the Quarterly Paper of the above Society: "On the 17th April, 1918, I was wounded and taken prisoner by the Turks. I was eventually taken to Damascus, where I remained for over three months. There I found Miss Johncock doing most admirable work, nursing wounded prisoners of war. I can say nothing strong enough in praise of the conduct of this lady. She

had many great difficulties to contend with, and although often short of food she always managed to help the wounded prisoners. By her careful nursing she saved my leg from amputation, and many other British wounded owe their lives to Miss Johncock's devotion to duty."

* Another wounded British prisoner describes how, after some miserable days in a Turkish prison at Gaza, he and thirty of his comrades were put into a cattle truck and entrained for Nazareth. They were three days on the journey, without food or water, and when on arrival at the station for Nazareth they were

offered a Turkish dish, composed of boiled wheat and olive oil, most of them were too far gone to eat it. Their wounds had not been looked at for four days, and when they got into the Turkish cart which was to convey them to Nazareth, some of them hoped they would die. Their joy was great when, on reaching Nazareth, they were met by Miss Johncock and a colleague, who fed them, gave them tea, and filled them with fresh hope. They were the means of saving many British lives at Nazareth.

We wonder why, after her splendid work in Palestine, Miss Johncock has been awarded a second class R.R.C., when women at home, some of them "deserters," have managed to obtain first class honours?

It is interesting to note the upward tendency of nurses' salaries. At the General Infirmary, Leeds, the salaries of the nursing staff prior to July, 1918, were at the following rates per annum:—Assistant Matron £80, Second Assistant, Home Sister, and Night Sister £60, Ida Sister £65, Ward Sister, Theatre Sister, Out-patient Sisters, Venereal Sister £40, rising by £5 annually to £55. Nurses, 1st year £10, 2nd year £14, 3rd year £18, 4th year £25.

At the increased rates sanctioned on July 4th they are now: Assistant Matron £120, Second Assistant £100, Home Sister and Night Sister £90, Ida Sister £105, Teaching Sister £100, Sisters £60—£85, Fifth Year Nurses £50, Nurses £20, £25, £30 and £40 respectively. Prior to July, 1918, the wages sheet was just over £3,000, now it is over £7,000.

QUESTIONS IN THE HOUSE OF COMMONS.

STATE REGISTRATION FOR NURSES.

On Thursday, July 3rd., in the House of Commons, Major Hurst asked the Minister of Health whether he was able to state by what date he would bring in his promised Bill for the State Registration of Nurses?

Major Astor (Parliamentary Secretary, Ministry of Health) replied: My right hon. Friend is not in a position to add anything to the statement made by him in the course of the Debate on this subject on Friday last, to which I would refer the hon. and gallant Member. The matter is being carefully considered.

The question comes oddly from the Member of Parliament for Moss Side, Manchester, who took so prominent a part in the organized attempts to prevent Major Barnett's Bill from reaching the House of Lords.

LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The Summer General Meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Theatre of the Hospital on Saturday, July 5th. In the regretted absence through illness of the President, Miss Helen Todd, the chair was ably filled by Miss J. Curtis, Vice-President, and there was a very large attendance of members.

Before the business began, Miss Curtis said that at the meeting of the League, memorable as being the first held since the signing of Peace—a Peace which made itself felt—she felt sure that the members would wish their first act to be to send a loyal message to the King and Queen, and to the President of the Hospital, the Prince of Wales, expressing their joy that the negotiations had been successfully carried through, and that Peace was now established. This was carried by acclamation, and the members then rose and sang the first verse of the National Anthem.

REPORTS PRESENTED.

Miss Cutler (General Secretary), presented her report, which stated that fifty-nine new members had joined the League during the year, three had resigned, and, she reported, with regret, that seven had died. The membership was now 1,020. She then enumerated the honours gained by members of the League during the past year.

The chairman said that the members would wish their congratulations conveyed to the recipients of these honours. They had brought honour, not to themselves alone, but to the League also.

THE BENEVOLENT FUND.

Mrs. Matthews, Treasurer of the Benevolent Fund, then presented her report. There had been no claimants during the financial year, which closed with a balance of £30 17s. 3d. in hand, since the books were audited, however, a donation of £25 had been made.

THE TREASURER'S REPORT.

The Treasurer's Report showed a balance of £11. 11s. 6d. in hand, a very creditable balance considering that the cost of printing the *League News* has, as the Hon. Treasurer, Mrs. Turnbull, pointed out increased by 50 per cent..

ELECTION OF VICE-PRESIDENT AND EXECUTIVE.

Miss Margaret Breay was then elected Vice-President, in succession to Miss Curtis, and Mrs. Launcelot Andrews, Miss MacCormac, Miss Garland, and Miss M. E. Moore, were elected members of the Executive Committee in succession to Mrs. Shuter, Mrs. Shore and Miss Finch.

ISLA STEWART MEMORIAL FUND.

Mrs. Shuter, Hon. Treasurer, reported that during the year £20 was invested in War Stock. At a Committee meeting on June 30th, it was decided that the income should again be invested. That would give a capital of £630 and an income of £25 per annum.

REPORT FROM DELEGATE ON THE EXECUTIVE
OF THE SOCIETY FOR THE STATE REGISTRATION
OF TRAINED NURSES.

Miss Gladys Le Geyt then presented her Report as delegate of the League on the Society for the State Registration of Trained Nurses.

We consider this Report and the discussion which followed so important, and of so much interest to other Leagues, that we are holding over this section until our next issue, in order to give more space to it than is possible this week.

RESOLUTIONS.

Mrs. Shuter then proposed:—

"That the Nurses' Home Fund which was closed in 1911 be not re-opened. That all monies now in hand be given over to the Treasurer of the Hospital, as an addition to the sum already given, the whole amount to be allocated to a special purpose.

Mrs. Shuter said they were aware that £2,000 had been collected in Miss Isla Stewart's life time and handed to the Treasurer. Now that a site for the Nurses' Home had been secured at the South East angle of the hospital, that plans were in the architect's hands, and £60,000 had been collected for the Home without a public appeal it seemed appropriate that the £724 in hand should be handed over, and that it should be expended on the Library of the Home, to be named the Isla Stewart Library. It was specially appropriate that for all time the Library should stand as a memorial to the Founder of the League, and of the Nurses' Library, in both of which Miss Stewart was deeply interested.

This resolution was seconded by Miss Margaret Anderson.

Mrs. Matthews said she had written to Major McAdam Eccles, Hon. Treasurer of the Nurses' Home Fund, so as to be sure that the League might name part of the Home, and he had suggested that the Sick Quarters might be named after the League.

Mrs. Walter Spencer thought the provision of sick rooms should be undertaken by the hospital.

Mrs. Bedford Fenwick thought the £2,000 was handed over unconditionally, but it was open to the League to attach conditions to the £700. No doubt, however, it might be possible for the £2,000 to be allocated for a purpose named by the League. What was wanting was that the name and the splendid work of Miss Isla Stewart should be memorialised in the new Home. They wanted to have the name of this dear woman commemorated in a beautiful Library. They knew how she loved her books.

Miss Cox-Davies supported the proposition.

Miss Cutler felt sure that the Treasurer would receive the suggestion with sympathy and it was unanimously agreed that a letter should be written to him from the meeting placing the proposal before him.

It was then agreed on the proposition of Sister Harley, seconded by Nurse Jaconib:—

"That a New Fund be organised to collect for the proposed Nurses' Home."

That would give the 400 or 500 Nurses who had been certificated since 1910 an opportunity of securing donations to the Fund, as a League contribution.

WITH THE ITALIAN RED CROSS.

Miss L. Heath (Sister Ophthalmic) then gave an intensely interesting account of her experiences with the Italian Red Cross during a three days' retreat. One realised vividly the dangers and hardships undergone by this brave Army, and the Sisters who accompanied it, as well as by the civilians during the inevitable disorganisation of a retreat, and caught a glimpse of the courage and fortitude of the Sisters.

The Social Gathering, and it was very sociable indeed, was held in the Great Hall, the music provided by members of the League and arranged by Sister Colston was a great delight. The finished singing of Sister Colston and Sister Darker, the violin solos of Nurse B. Brown, and the accompaniments of Sister Darker were of the very highest order.

It was pleasant to again foregather in the Great Hall, surrounded by the portraits of kings, and of the great kings of medicine and surgery, who have made St. Bartholomew's Hospital so famous.

NATION'S TRIBUTE TO NURSES IN
IRELAND.

We hear that the recent meeting of the Council of the Tribute Fund took place at the new offices at 37, Lower Baggot Street, Dublin, as it is considered wise to dissociate it from the College of Nursing, Ltd. Irish Nurses wish this "Tribute" to be an all Irish affair, and not managed in any way from London—as the College affairs are. We learned in the "Lobby" that the Secretary of the College of Nursing Irish Board, Miss Vera Matheson, has been very active in opposing the Nurses' Registration Bill in the House of Commons, and in consequence a good deal of "natural" feeling has been aroused, as the Irish Nurses' Association have long supported and worked hard for the Bill. When the Government comes to draft its Nurses' Registration Bill, self-government for Irish Nurses will, no doubt, be kept well in mind. It is not improbable that wide powers of devolution will be allotted to Irish and Scottish Nurses. As national feeling is very strong in both countries, such susceptibilities will require delicate handling,

The Committee of The Infants Hospital, Vincent Square, Westminster, have decided to extend the work of the hospital to include the treatment of surgical cases; and they have appointed Mr. H. Tyrrell Gray, F.R.C.S. as Honorary Surgeon.

Royal British Nurses' Association.



(Incorporated by

Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

GARDEN FÊTE AT THE PRINCE OF WALES' GENERAL HOSPITAL, TOTTENHAM.

Gatherings at the Prince of Wales' General Hospital are always looked forward to with much pleasurable anticipation by those privileged to receive an invitation, and the Fête and Sale of Work on behalf of the Samaritan Fund of the Hospital were as delightful as any of their predecessors. Miss Bickerton, the Matron of the Hospital, is an ideal hostess on such occasions, and possesses the enviable gift of making each of her guests feel that he or she is particularly welcome. She is obviously "a good comrade" in the eyes of each member of the Medical and Nursing Staffs, and they quite evidently appreciated the extent to which her co-operation contributed to the success of the afternoon.

Lady Hulton, who was accompanied by Lady Milsom Rees, opened the Fête, and among those present were Mr. Richardson, Mr. Bevan, Councillor Jones, Mr. and Mrs. Carson, Major and Mrs. Giles, Dr. and Mrs. Bannister, Mr. and Mrs. Gillespie, Dr. and Mrs. Hayton, Mrs. Crusha, Dr. Murray Leslie and Miss Parsons.

The Nurses' Stall was very attractive, and there were many pieces of beautiful needlework; and next to it was one with lovely lace. The China Stall evidently proved an attraction to many of the guests, and that on which the cakes were displayed gave rise to fresh cause for congratulation that certain war restrictions have disappeared.

A delightful concert was given in the evening, and throughout the afternoon there was plenty of variety in the matter of entertainment. Tea, with strawberries and cream, was much enjoyed, and the music was excellent.

Several of the guests went over the hospital, and the bright, orderly wards, with their tastefully-arranged flowers, were greatly admired.

The Prince of Wales' Hospital has a very fine record of work behind it, and we learn that it is to be very considerably enlarged. A new pavilion is to be erected with wards to accommodate 120 patients, and a new theatre and offices. There are also to be built wards for forty paying patients, an isolation block, new casualty and out-patients wards and a new laundry.

The Sisters' Hospital Aid Association is to hold a Bazaar in October for the Maintenance Fund of the Hospital. Many Members of the Royal British Nurses' Association would, we feel, like to join with their fellow Members who are on the staff of the Prince of Wales' Hospital in working for the bazaar, and any gifts which they may send to the office of the Association will be forwarded to the Hospital.

ETHICS ?

More than once in the course of the past few weeks nurses from large hospitals in London have come to the office asking why we have not sent speakers to those hospitals to put our point of view, in connection with the present controversy, before the nurses, while others who declare that they were taken unawares by the College, have frankly charged us with negligence in not having done so. After the College introduced its Bill into the House of Lords that of the Central Committee being before the House of Commons, the Secretary of the Association was instructed to forward the following letter to the matrons of some thirty of the largest Hospitals.

Royal British Nurses' Association
10, Orchard Street, Portman Square, W. 1.

2nd June, 1919.

MADAM,—As the two Bills for the State Registration of Nurses are now before the Houses of Parliament, I write to enquire whether you will be so kind as to arrange a Meeting at your Hospital for speakers from this Association, to lay before your Nursing Staff our views regarding the two Bills.

I am, Madam,

Yours very truly,

ISABEL MACDONALD, *Secretary.*

To the Matron of—

In many of the Hospitals to which this letter was sent, the College of Nursing Limited had held its meetings, and in most of them strong influence had been brought to bear upon the nurses to induce them to join the College. It is hardly conceivable that, in these modern days, all those hospitals refused to allow their nurses to hear both points of view with the exception of four, or rather, to be more accurate, three; for one of them cordially agreed to have a meeting, an arrangement promptly cancelled on the day on

which the matron returned from the holiday which she had been taking, when our letter reached the hospital. Those who wrote the letters, declining to allow their nurses to know both points of view, have pushed their influence, in order to persuade nurses to join the College, almost to the point of coercion, and now, at a time when the destinies of the nurses and the destinies of their profession are being considered by the Imperial Parliament, those people have in effect assumed the responsibility of keepers of the nurses' consciences, lest the truth should make them free in the sense of knowing "the truth, the whole truth, and nothing but the truth," free to use their own judgment in deciding which side "has the right," free to choose "the right," as they see it for themselves. The only logical conclusion we can arrive at is that those responsible for the decision that their nurses will not hear both sides, are more afraid of the truth than the responsibility which they have taken, one which few people with any knowledge of the trend of modern thought, and modern conceptions of Christianity, would quite care to adopt. Well, we may leave the matter there, but nurses need not again charge the Association with having helped to lead them into the trap by failing to take steps to let them know that there was another side of the lantern to that presented by the College of Nursing Ltd. Recently, a College speaker said that one of the functions of the College was to "teach the nurses history in a nice way." It did not seem to strike this lady that at the present time the profession is busied in making its own history, and that its members have a right to take a hand in this, the right of all British citizens, to hear both points of view, in order that they may take their rightful places as architects of their profession, and not as mere hewers of wood and drawers of water. While those in authority over the nurses adopt their present attitude they need not complain of the "humiliation" arising from a plague of recriminations or of any other plague, for such plagues are the obvious outcome, sooner or later, of tyranny and a lack of justice and fair play.

The Royal British Nurses' Association has been anything but aggressive in the past in its attitude to those who have so consistently and for so many years opposed every effort of its own and of other Societies to organise the profession, and if at last it has "taken off the gloves," those who put the good of the few before that of the greater number have but themselves to thank.

SOUTH AUSTRALIAN BRANCH.

The Reports of the South Australian Branch show continued progress in spite of all the difficulties in administration which have arisen during the war. Thirty-one Nurses were recommended for Registration during the year and the Committee record with deep regret the deaths of Sister Ridgway and Sister Stafford, both of whom were Life Members of the Association. The former

was one of the first of the military sisters to volunteer to nurse influenza. She, with several other sisters, went to West Australia and had only been there a few days when she contracted the disease herself and died. Sister Stafford had been on active service for about three years and then joined for home service. She died from complications resulting from an attack of scarlet fever, and was accorded a military funeral which was attended by large numbers of people.

The following Members of the Association were married during the year: Miss K. A. Phelan to Mr. Fitzgerald, Miss A. W. Christie to Dr. Storey, Miss M. A. Bennett to Mr. Dehlmann and Mrs. Collins to Dr. Mackechnie.

The Committee greatly regret the departure of Lady Galwey from Adelaide, as she has always been a very interested supporter of the Branch Association. Sisters returning from war duty have found the new Club very useful indeed, particularly those whose homes are in the country, and they have very greatly appreciated the kindness shown to them by those in charge of the Home.

HONOUR FOR AN R.B.N.A. MEMBER.

Miss Winitred Walters, Lady Superintendent of the Civil Hospital, Karachi, has received many congratulations upon having received the M.B.E.; among them came a telegram from the Governor of Bombay, emphasising his satisfaction on hearing that this "well deserved" honour had been conferred upon her. Her hospital, like many in England, has had a special "War Section," and large numbers of sick and wounded officers have been treated there. The responsibilities of those entrusted with the administrative work of the hospital have been very great, and her fellow-members unite with her many European and Indian friends in sending to Miss Walters their sincere congratulations.

ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

● We remind our Members, and other nurses, of the Conference, which will take place at 10, Orchard Street, on Saturday, 12th inst., at 3 p.m., when Miss Patrick, Matron of the Training Centre, Babies of the Empire Society, will speak on "The Organisation of Public Health Work in New Zealand with special relation to the Royal Society for the Health of Women and Children."

The lecture should prove of the greatest interest to all nurses who are interested in Welfare Work, and we hope that there will be a large attendance. Miss Patrick is well known in connection with the teaching of Dr. Truby King at the above-named centre, and her lecture is sure to prove extremely enlightening and helpful.

(Signed) ISABEL MACDONALD.
Secretary to the Corporation.

THE NURSES' REGISTRATION BILL.

On Friday, July 4th, the second Order of the Day was the

"Nurses' Registration Bill; Adjourned Debate on Amendment proposed on Consideration, as amended (in the Standing Committee.)" [27th June].

It will be remembered that when the House rose on June 27th, an amendment to Clause 4, proposed by Lieut.-Commander Astbury (Salford W.), and seconded by Major Hurst (Moss Side, Manchester) was under consideration.

It is very difficult for those not acquainted with Parliamentary procedure to follow what is taking place in the House of Commons, when the provisions of a Bill are discussed. We desire to explain therefore that on Friday last the House of Commons resumed the consideration of the Amendment to Clause 4, sub-section (1.), proposed on June 27th, by Lieut.-Commander Astbury.

Commander Astbury proposed to leave out paragraphs (a) to (h) inclusive (*i.e.*, the General Nursing Council as defined in the Central Committee's Bill) and to substitute a Council composed of one person appointed by the Privy Council, one by the British Medical Association, two by the College of Nursing, Limited, one by the Royal British Nurses' Association, and thirty-seven nurses elected by registered nurses.

DEBATE RESUMED JULY 4TH.

WRECKING POLICY CONTINUED BY SUPPORTERS OF THE COLLEGE OF NURSING, LTD.

Debate resumed on Amendment proposed on Consideration, as amended (in the Standing Committee) [27th June]:

CLAUSE 4.—(*Constitution and Appointment of Council.*)

Amendment proposed [27th June]: To leave out the words,

- (a) Three persons to be appointed by the Privy Council;
- (b) Four registered medical practitioners, two to be appointed by the Local Government Board for England, one for England, one for Wales, one by the Local Government Board for Scotland, and one by the Local Government Board for Ireland;
- (c) Three registered medical practitioners to be appointed by the British Medical Association, one to be resident in England, one to be resident in Scotland, and one to be resident in Ireland;

and to insert instead thereof the words,

"namely, one person to be appointed by the Privy Council, one person by the British Medical Association, two persons by the College of Nursing, Limited, one person by the Royal British Nurses' Association, and thirty-seven nurses by election on the part of all nurses duly registered, the first election to take place on the expiration of two years from the passing hereof."—*[Lieut.-Commander Astbury.]*

Question again proposed,

"That the word 'Three' stand part of the Bill."

Major Nall (Hulme, Manchester) then said: I beg to move, "That the Debate be now ad-

journed." He thought a good many hon. Members would feel that with only an hour to spare, they could not adequately consider the many Amendments on the Paper dealing with this important question. He was prompted to take this course by the statement which was made by the Minister of Health last Friday, when he very clearly explained the position.

Major Barnett interposed: The hon. and gallant Member spoke last week on the Amendment now before the House. Is he in order in moving the Adjournment?

Mr. Speaker replied; If the hon. Member spoke on the Amendment on the last occasion, he would not be entitled to speak again on the Amendment now.

Major Nall said he was moving "That the Debate be now adjourned."

Mr. Speaker: That is speaking to this Amendment, and the hon. Member is disqualified from doing so.

Major Nall: May I move "That further consideration be now adjourned?"

Mr. Speaker: No. What is now before the House is the Amendment, and on that the hon. Member has already spoken.

Amendment Negatived.

CENTRAL COMMITTEE'S PROPOSALS STAND.

The result of this amendment being negatived is that the House of Commons refused to accept the Constitution for a General Nursing Council proposed on June 27th, by Lieut.-Commander Astbury, and therefore accepted that proposed by the Central Committee in its Bill as follows:—

CLAUSE 4.—(*Constitution and Appointment of Council.*)

(1) The Council shall consist of forty-two* persons to be appointed or elected as follows:

- (a) Three persons to be appointed by the Privy Council;
- (b) Four registered medical practitioners, two to be appointed by the Local Government Board for England, one for England, one for Wales, one by the Local Government Board for Scotland, and one by the Local Government Board for Ireland;
- (c) Three registered medical practitioners to be appointed by the British Medical Association, one to be resident in England, one to be resident in Scotland, and one to be resident in Ireland;
- (d) One registered medical practitioner to be appointed by the Medical-Psychological Association;
- (e) One registered medical practitioner to be appointed by the medical superintendents of fever hospitals approved by the Council as training schools for nurses in fever nursing;
- (f) Four persons to be appointed by the nurse training schools attached to hospitals approved by the Council; two by the nurse training schools in England and Wales, one by the nurse training schools in Scotland, and one by the nurse training schools in Ireland;
- (g) Eighteen registered women nurses to be elected as the direct representatives of the women nurses in the General Register; eight to be elected by

* Now forty-five.—Ed.

the nurses registered in England, two by the nurses registered in Wales, four by the nurses registered in Scotland, and four by the nurses registered in Ireland: Provided that of the eight elected by the nurses registered in England, two at least shall be past or present matrons of nurse training schools attached to hospitals approved by the Council, one of whom shall be registered in the General Register as "also trained in fever nursing"; of the four elected by the nurses registered in Scotland, one at least shall be a past or present matron of a nurse training school attached to a hospital approved by the Council; and similarly of the four elected by the nurses registered in Ireland, one at least shall be a past or present matron of a nurse training school attached to a hospital approved by the Council;

- (h) Two registered male nurses to be elected as direct representatives by the male nurses registered in the male nurses register;
- (i) Two registered mental nurses to be elected as direct representatives by the nurses registered in the mental nurses' register;
- (j) Two registered women nurses to be appointed by the Royal British Nurses' Association;
- (k) Two registered women nurses to be appointed by the College of Nursing, Limited.

Major Barnett then moved in paragraph (c) to leave out the word "three," and to insert "four."

MAJOR NALL AGAIN MOVES THE ADJOURNMENT.

Major Nall asked if he might now move the adjournment of the further consideration of the Bill?

Mr. Speaker: Yes.

Major Nall: I beg to move

"That the Debate be now adjourned."

He stated the Minister of Health, speaking last week, said that there had been conferences

"with the view of discovering whether a sufficient common measure of agreement could be reached by which we could obtain a Bill which would give effect to the registration of nurses which, I think, by common consent is regarded as most necessary and desirable. I am sorry to say the results of these conferences have convinced me against my will that such agreement is not obtainable. I think it arises from the fact that while everybody agrees that the registration of nurses is desirable and necessary, it was quite clear in the conferences that those who are interested in the two Bills were not by any means agreed, nor were they likely to agree as to what was implied by registration."

"The controversy appears to have been unfortunately mixed up with personal and sectional issues which cannot be reconciled."—[OFFICIAL REPORT, Friday, 27th June, 1919, cols. 397 and 398, Vol. 117.]

He (the Minister of Health) explained that if the promoters of this Bill would allow it to drop and the promoters of the opposing Bill in another place would withdraw that Bill, the Government were prepared to bring in what they considered was a fair Bill and to deal with this great question unbiassed by any of the sectional interests which have unfortunately divided the nursing profession. Major Nall said he was authorised to say by the promoters of this Bill in another place—although when he originally spoke last week he explained that he was not pressing an Amendment on

behalf of the College of Nursing—that he had received a letter from the chairman of the College of Nursing in which he said:

"I should be glad if you would take an opportunity of stating on behalf of the College that on the Government undertaking to introduce a Registration Bill, we will at once withdraw the College Bill."

That was a definite undertaking by the promoters of the Bill in another place, and he suggested that in view of the Government promise it would be much fairer to the nursing profession to accept the right hon. Gentleman's offer and to have a proper Government Bill dealing with the question on national lines. As the promoters of the Bill now under consideration refused last week to accept the right hon. Gentleman's offer, and there was very little time left that afternoon to consider the Amendments, he begged to move,

"That further consideration of this Bill be now adjourned."

Mr. Hailwood (Ardwick, Manchester) seconded the motion, and said as long as there were differences of opinion so strongly held, and the whole House wished to do the best it could in the interests of the nurses, he thought the best thing they could do was to adjourn the Debate until the two sections of nurses were in agreement as to the right course to pursue.*

OBJECT OF MOVER OF ADJOURNMENT TO ALLOW BILL TO LAPSE."

Major Barnett pointed out that the Mover of the adjournment had said that his object was that the Bill should be "allowed to lapse." The hon. and gallant Member who moved the last Amendment was careful to say at the beginning of his speech that he was not out to wreck the Bill, but it was an Amendment which went to the whole root of the Bill, which took away a very large and vital part of its provisions, which revolutionised the constitution of the General Nursing Council and substituted a perfectly new Council.

Major Nall said that if there was any chance of considering the Amendments adequately, he should be quite prepared to join his hon. and gallant Friend in doing so. He made the remark, "allowed to lapse," because he understood that that was the only thing that would happen.

MAJOR BARNETT EXPOSES THE TACTICS OF THE COLLEGE OF NURSING, LIMITED IN MOVING WRECKING AMENDMENTS.

Major Barnett said the right way was not to move wrecking Amendments. There was every opportunity last week of obtaining the Report stage of this Bill. The Amendment by the hon. and gallant Member for West Salford, supported by the hon. and gallant Gentleman, was backed by arguments of the most astounding character. One statement was that 14,000 nurses constituted two-thirds of all the nurses of the country. If he would look at the census, he would find there were

* The difference is not a difference between two sections of nurses but between the employers of nurses who control the College of Nursing, Ltd., and the organizations of independent nurses.

80,000 nurses in the United Kingdom, and yet he said 14,000 represented two-thirds of the nurses in the Kingdom. It was on arguments of that kind that the hon. and gallant Gentleman relied. He spoke, too, of democracy, and said this was not a democratic Bill, and yet the Bill which he advocated included a nursing council, that might not necessarily have a single nurse upon it. That Bill was read a second time in another place, on the basis that it should be compared by the other House with this Bill, and now the friends of the Nursing College came down there with an organised attempt and probably a successful attempt to prevent this Bill getting to the House of Lords at all. If they had their way, he wished it to be quite clear to the country who has wrecked this Bill, which embodied a principle so ardently desired by the nursing profession, a principle which had been adopted twice in that House, and which had a good chance of getting on to the Statute Book in this Bill, but which had been obstructed by a number of Members who paid lip-service to the principle of registration and then strained every nerve to prevent it being adopted by the House. When hon. Members put down five or six pages of Amendments to a Bill at this stage, they had no desire to see the Bill go through. As to the pledge given, he had no doubt the Government in its own good time would introduce a measure, but if it had not been for the time taken up by wrecking Amendments and Motions for Adjournment, it would have been possible to have dealt with all the real Amendments promised in the Committee stage, and passed the Bill in that House with a good chance of some agreement being arrived at in another place. Whether the Government, in face of the spirit shown by some hon. Members there, was going to be brave enough to bring forward a measure for the registration of nurses, remained to be seen. He hoped the Minister of Health would have the courage of his convictions, and would bring forward such a measure.

A RENEWED PLEDGE.

Major Astor: Oh, yes.

MAJOR BARNETT, HAVING MADE HIS PROTEST, LOOKS FORWARD TO A GOVERNMENT MEASURE.

Major Barnett concluded with the words: We have now a renewed assurance that the measure will be forthcoming. I quite agree with the hon. Member who moved the adjournment that it is impossible, even with every good will, to deal with all the Amendments now. Under those circumstances, having made my protest, and made it quite clear that the failure of this Bill, if it occurs, is none of my doing, but the result of organised and concerted obstruction, I can sit down and look forward to the near day when the ardent desire of the nurses for State registration and for the placing of their profession upon a sound, self-respecting basis, will be carried into effect.

MR. PEMBERTON BILLING DESIRES GOVERNMENT MEASURE.

Mr. Pemberton Billing (Hertford) expressed the hope that the House would be able to get down to the proposals of the Government, criticize them, and introduce such Amendments to safeguard the nursing industry throughout the country as might be found necessary.

PROBATIONERS AS SLAVES.

Sir Courtenay Warner (Lichfield) said he hoped that when the Government Bill came the vote of the nurses would not depend on registration entirely, but that women who had done a year's probation in a hospital would have a vote. At the present moment what were called probationers were practically in the position of the slaves of the nurses, and they were the class that wanted more protection than anyone else in the nursing world. Some hon. Members having had daughters nursing in hospitals during the War, would know the sort of thing that went on in hospitals, and that the voice of the untrained nurse, or the nurse who had not been completely trained, was absolutely unheard and absolutely unrepresented in either of these Bills. He hoped something would be done to give them representation in some way.

The Question was then put and agreed to.

The Debate to be resumed on Friday, 25th July.

SOCIETY FOR STATE REGISTRATION.

ANNUAL MEETING.

Members of the Society for the State Registration of Trained Nurses are reminded that their Annual Meeting will be held at 11, Chandos Street, Cavendish Square, London, W., on Thursday, July 17th, at 4.30 p.m. They are invited to make every effort to keep that date free, and to attend this important meeting.

REGISTRATION OF VILLAGE NURSES.

At a meeting at Norwich in support of the College of Nursing, Ltd., Miss Cowlin, the organising secretary, was asked several questions to which slim replies were apparently not forthcoming.

Mrs. R. J. Colman said a good many of those present were interested in district nurses, who were not hospital trained nurses. Would there be room in the College for such?

Miss Cowlin: Do you refer to village nurses?

Mrs. Colman said she did.

Miss Cowlin said the question raised was an acute problem, as the College accepted the three years' trained nurse [It also accepts the two years' trained nurse.—Ed.] But there was a period of grace allowed. If the nurse during that period of grace could produce a certain standard of nursing she would be eligible for registration. The problem of the village nurse must be threshed out.

Miss Fowler: When does the period of grace end?

Miss Cowlin said she could give no definite answer.

STATE REGISTRATION UP-TO-DATE.

The promoters of the State Registration Movement owe the British Medical Association a deep debt of gratitude for its consistent support in the past, and for its recent action in connection with the Bill now before the House of Commons.

From the issue of the *British Medical Journal* of July 5th we quote the following information from the Supplementary Report of Council, 1918-19:—

STATE REGISTRATION OF NURSES.

261. The Nurses' Registration Bill of the Central Committee for the State Registration of Nurses, upon which the Association is represented, has passed committee and second reading in the Commons, and is down for further consideration in that House on June 27th.

262. The promoters of the Bill of the College of Nursing, Ltd., introduced that Bill into the Lords on May 1st, where it was read a second time on May 27th.

263. The Royal British Nurses' Association and the Central Committee asked for the help and support of the Association in the crisis thus reached. The Council therefore requested the Divisions and Branches to communicate with their Members of Parliament, urging the latter to support the Bill of the Central Committee, and not to support the Bill of the College of Nursing. The Council suggested that opposition to the further progress of the College of Nursing Bill and work in support of the Bill of the Central Committee should be concentrated on the following fundamental points:—

(a) That the Commons Bill has already received full Parliamentary discussion;

(b) That the Lords Bill, instead of confining itself to registration of nurses, seeks to set up the College of Nursing as the body to control Nurses, a proposal as improper as if, for example, when the State registration of doctors took place it had been suggested that one of the Royal Colleges should take charge of that registration.

264. The House of Commons Medical Committee has been informed of the action being taken by the Association.

The fact that both the British Medical Association and the National Council of Women of Great Britain and Ireland have so recently passed resolutions in support of the pioneer Bill, drafted by the Central Committee, and condemned the principle of the incorporation of the College of Nursing, Ltd., in an Act of Parliament to control the Nursing Profession is very valuable evidence of the trend of medical and public opinion on the policy of the College of Nursing, Ltd., which will not be reversed by its obstructive and ungenerous treatment of the Nurses Bill in the House of Commons.

Such a mean and cruel policy must convince the community at large of the danger of placing working women under the control of the persons who inspired it.

COUNCIL COLLEGE OF NURSING, LTD.,
1918-19.

The following persons composed the Council of the College of Nursing, Ltd., which issued the order to the Nurse members to ask Members of Parliament to wreck the Nurses' Registration Bill in the House of Commons, and which Mr. Leonard Lyle,

its representative and the group of four Manchester members are attempting to do by placing on the Orders of the Day a number of contentious and irrelevant amendments to the Bill on Report Stage so that they can talk it out.

We feel sure the Nurses all over the world who are watching the progress of our Bill will be interested to know the names of those who have not hesitated to deprive the Nursing Profession of all the benefits with which this progressive measure of reform would have endowed them, and for which they have worked so devotedly for so many years.

THE WRECKING COUNCIL.

Chairman the Hon. Sir Arthur Stanley G.B.E., C.B.

Miss E. Barton, R.R.C., Matron Chelsea Infirmary.

Andrew Beattie, Esq., D.L., Dublin.

Dame Sidney Browne, G.B.E., R.R.C., Matron in-Chief, T.F.N.S., 80, Pall Mall.

Colonel Sir James Cantlie, K.B.E., F.R.C.S.

Miss M. Chisholm, Act. Supt., Irish Branch, Q.V.J.I.

Miss Letitia Clark, Matron, West Ham Union Infirmary.

Miss E. M. Cummins, Matron, Royal Infirmary, Liverpool.

Miss Curtin, Matron, Mater Infirmorum Hospital, Belfast.

Miss R. Cox-Davies, R.R.C., Matron, Royal Free Hospital, London.

Miss A. W. Gill, R.R.C., Lady Superintendent, Royal Infirmary, Edinburgh.

Professor Glaister, M.D., Glasgow.

Miss Graham, Scottish Association of Trained Nurses, Edinburgh.

Miss M. Hogg, R.R.C., Matron, Guy's Hospital, Sir Andrew Horne, M.D., Dublin. [London.

Miss Amy Hughes, late Gen. Supt., Q.V.J.I.

Miss M. E. Keenan, R.R.C., Head Sister, Q.A.R.N.N.S., Royal Naval Hospital, Chatham.

Col. D. J. Mackintosh, C.B., M.V.O., Supt., Western Infirmary, Glasgow.

Miss Annie McIntosh, C.B.E., R.R.C., Matron, St. Bartholomew's Hospital, London.

Miss J. Melrose, R.R.C., Matron, Glasgow Infirmary.

W. Minet, Esq., Member Committee, Nightingale School for Nurses, St. Thomas's Hospital, London.

Miss E. W. Mowat, Matron, Whitechapel Infirmary, London.

Major-General Sir Berkeley Moynihan, K.C.M.G., Leeds General Infirmary.

Miss E. M. Musson, R.R.C., Matron, General Hospital, Birmingham.

George Peacock, Esq., M.D., Dublin.

Miss M. E. Ray, R.R.C., late Matron, King's College Hospital, London.

Miss Reed, Ivanhoe Nursing Home, Dublin.

Professor Ritchie, M.D., Edinburgh Royal Infirmary.

Miss M. E. Sparshott, R.R.C., Matron, Royal Infirmary, Manchester.

Miss A. Lloyd-Still, C.B.E., R.R.C., Matron, St. Thomas's Hospital, London.

Dame Sarah Swift, G.B.E., R.R.C., Matron-in-Chief, Joint War Committee.

Dr. H. G. Turney, F.R.C.P., St. Thomas's Hospital, London.

Miss C. E. Vincent, R.R.C., Matron, Royal Infirmary, Leicester.

Dr. Jane Walker.

HON. TREASURERS.

Comyns Berkeley, Esq., M.C., M.D., F.R.C.P., Middlesex Hospital, London.

The Hon. Sir William Goschen, K.B.E., member House Committee, London Hospital.

HON. SECRETARY.

Sir Cooper Perry, M.D., F.R.C.P., Med. Superintendent, Guy's Hospital.

Miss Mary S. Rundle, R.R.C., Secretary.

Sometimes we wonder if we are in England—or in Prussia!

A CORRECTION.

Miss C. E. Vincent, Matron, Royal Infirmary, Leicester, informs us that she did not vote against the Resolution, carried with a few dissentients, in support of the Central Committee's Bill, by the National Council of Women at its recent annual meeting. Miss Vincent was not present at the meeting.

APPOINTMENTS.

MATRON.

Tuberculosis Hospital, Normanston, Oulton Broad near Lowestoft.—Miss M. Hope Stewart has been appointed Matron. She was trained at the Cumberland Infirmary, Carlisle, and has held the posts of Sister, Temporary Night Sister, and Home Sister at the North Eastern Hospital, Tottenham, Home Sister and Sub-Matron at Queen Mary's Hospital, Carshalton, Matron of the Infectious Diseases Hospital, Annan, Dumfries, and Matron of the Perth War Hospital.

Isolation Hospital, Gillingham, Kent.—Miss Ethel A. Abbs has been appointed Matron. She was trained at St. Mary's Hospital and Plaistow Infectious Hospital, and has been Ward Sister, Night Superintendent, and Acting Assistant Matron at the Plaistow Hospital, and Assistant Matron at the National Hospital, Bloomsbury. She has also been three months in France as Assistant in the organisation of a hospital for French soldiers.

NIGHT SUPERINTENDENT NURSE.

Workhouse Infirmary, Blackburn.—Miss Sarah A. Hemsall has been appointed Night Superintendent Nurse. She was trained at the Lincoln Union Infirmary, and has been Staff Nurse at the Hull Hospital for Women, and at a Nursing Home in Hull.

SISTER.

The Infirmary, Isleworth.—Miss Beatrice G. Piggott has been appointed Sister. She was trained at the Edmonton Infirmary and has been Sister at the Edmonton Military Hospital. She has also done private nursing.

AN IMPORTANT APPOINTMENT.

As we reported last week, the Committee of the Queen's Hospital, Birmingham, have appointed Miss

E. Bullivant to be Matron. Miss Bullivant received a four-years' training at the Queen's Hospital, from 1905 to 1909. On the completion of her training, she undertook Sister's duties in the medical and surgical wards, and afterwards received training as a masseuse, gaining the diploma of the Incorporated Society of Trained Masseuses. She was appointed sister-in-charge of the massage department of the hospital, which post she held for five years, being responsible for the whole of the work of this department and also for the training of candidates in which she was very successful. In 1913 she studied for the Central Midwives Board examination, and was successful in gaining the certificate. In 1915 she was appointed Home Sister, and after holding this appointment for some nine months was appointed Housekeeper. A year later she was appointed Acting Assistant Matron.

RESIGNATION.

The Swanage Cottage Hospital, Dorset, is on the eve of suffering a great loss by reason of the appointment of Miss Florence K. Samson to the important post of Matron at the Private Nursing Home at Somerset Place, Bath. During the last two years Miss Samson has done splendid work as Matron of the Cottage Hospital at Swanage, and will be leaving with the goodwill and regret of all with whom she has been associated, together with their best wishes for happiness and success in her new sphere.

DAINTY UNDERWEAR.

Those who love dainty hand-made lingerie should make a point of seeing that supplied by Caroline Ltd. 24, New Bond Street, W. 1, or of obtaining a catalogue and price list, with 1,000 illustrations, which will be sent on application if three stamps are enclosed. This beautiful underwear is made in French convents, and the prices are lower than those of machine-made garments.

VIROL, LTD.

Speaking at the nineteenth annual general meeting of Virol, Ltd., held in London, Mr. Bertram S. Straus, J.P., chairman of the company, said the history of their business had been one of steady and constant development since the formation of the company. Though the restrictions on the supply of raw materials during the war had prevented their taking the fullest advantage of the unique position Virol held as a national food, it was satisfactory to note that the business had shown the same consistent development as in pre-war days.

COMING EVENTS.

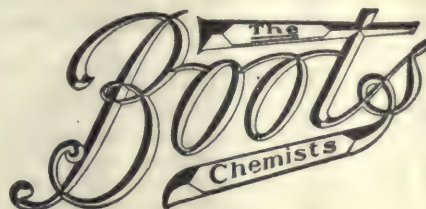
July 17th.—Society for State Registration of Trained Nurses: Annual Meeting, 11, Chandos Street, Cavendish Square, London, W. 4.30 p.m.

July 18th.—Central Committee for State Registration of Nurses: Meeting, Council Chamber, British Medical Association, 429, Strand. 2.30 p.m.

July 19th.—Celebration of Peace Day.

July 25th.—Nurses' Registration Bill Resumed Debate. House of Commons.

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used. The keynote of this service is reliability.

First : The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

Second : The Dispensing Equipment at every branch is perfect — no makeshift apparatus or arrangements are permitted.

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LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE INVALID CHILD.

The Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM—The Manchester and Salford Invalid Children's Aid Association held a Conference in the Manchester University on July 2nd and 3rd, to consider matters relating to invalid poor children. At the evening session on July 2nd, Dr. Brown Ritchie, School Medical Officer for Manchester, paid tribute to the voluntary work, which he said had been done in a very quiet way. In these days, when a certain amount of odium has been cast on the name of Charity, by the actions of selfish and unscrupulous people who seek power to promote their own particular interests, under the cloak of this rare virtue, it is refreshing to hear of quiet work having been accomplished.

There is a boundary line beyond which true Charity never ventures, because interference is there predominant; and excellent advice was given to this Society by Dr. James Kerr, Medical Research Officer to the London County Council, Dr. A. A. Mumford, Dr. C. P. Lapage, and Dr. Brown Ritchie, which could be summed up as follows:—

I.—To instruct the Public (especially mothers) by means of pamphlets, in regard to the common dangers to health and physique; how to avoid them; and to what extent any defects already incurred may be remedied.

II.—To pass on any cases requiring treatment or investigation to the authorities responsible, and to urge the Public, if necessary, to insist on the necessary outlay for schemes approved by Parliament, which await the administration of local authorities. The assistance of charitable organisations in this administration was firmly taboed.

This advice was quite timely, as the Association has just become represented on "The Central Council for Infant and Child Welfare," which is a charity with three objects, all of which aim at promoting or increasing special administration, for child welfare which one would think unnecessary now that the Ministry of Health is an accomplished fact.

I believe Sir Arthur Stanley, Chairman of the College of Nursing, Ltd., is the Chairman of the C.C. for I.C.W., and Miss Rundle, Secretary of the College of Nursing, Ltd., is its secretary; and one of its objects is, "To provide and promote a standardisation of training for Social Welfare workers in connection with motherhood, infancy, and childhood, and to raise the status and remuneration of the workers."

Public Health Nurses are of opinion that this work has already been proved to require the services of doctors and trained nurses.

[Reference was made at this conference to nursery schools, which, it seems, are likely to prove a failure, but that is only what could be expected.

A deputation from the "National Union of Trained Nurses" waited upon Sir George Newman in May, 1918, claiming that the care of such young children was the sphere of Nurses under the direction of doctors. Mothers are now demonstrating their agreement with the nurses' point of view.

Yours faithfully,

THERESA McGRATH.

Manchester.

KERNELS FROM CORRESPONDENCE.

W.M. S.N.:—"What a relief that the Registration Bill will be solved by the Government. Whatever Bill ultimately becomes law will be due to your years of work, and the policy of the College of Nursing, Ltd., will go down to history as a petty exhibition of spite."

Lancashire Woman writes:—"Our splendid Nurses who have helped to save our warriors, may rely upon me when the next election comes round, and I promise you the Manchester 'wreckers' will hear of their cold-blooded treatment of our Nurses in depriving them of legal status after all their efforts. As for the M.R.I., not another penny will it get from me or my friends—and we have not been ungenerous in the past."

A Manchester Nurse:—"The School Nurses here have just electrified the powers that be by asking for a minimum salary of £200, rising by £10 increments to £300 with recognition of present years of service. The air is tensely still."

Certified Midwife:—"I am all for bringing the question of Venereal Diseases into the light of day; but it seems to me that there are times and seasons which are, and which are not, appropriate. I heard a distinguished physician the other day commenting on the platform on the fact that the ban of secrecy was now quite removed, and state that 'you could hardly go to a dinner party now without having the question of venereal diseases discussed in the frankest manner possible—so nice!'"

We deeply sympathise with the indignation of our numerous correspondents on the disgraceful treatment of their Registration Bill by the College representatives, and can assure them that the Bill will not be withdrawn.

OUR PRIZE COMPETITION.

QUESTIONS.

July 12th.—Describe the nursing of a case after excision of the tongue.

July 19th.—How would you treat (a) an extensive superficial burn, (b) a ruptured varicose vein?

July 26th.—How would you treat (1) *asphyxia livida*, and (2) *asphyxia pallida* in the newly-born infant?

The Midwife.

A NATIONAL CONFERENCE ON INFANT WELFARE.

THE RACIAL POISONS AND THE RACIAL PROSPECT.

The Afternoon Session of the first day (July 1st) of the National Conference on Infant Welfare, at the Kingsway Hall, W.C., was devoted to discussion of Racial Poisons and the Racial Prospect. The Chairman, Sir Malcolm Morris, K.C.V.O., F.R.C.S.E., voiced the need for proper instruction of medical students in venereal diseases, so that they might be able to recognise the earliest symptoms. He disliked new laws, but hoped to see satisfactory Health Certificates tendered by contracting parties before marriage. Make the Standard of Health *fashionable* and the problem of the Ministry of Health was solved. New laws were unnecessary: educate the public by the spoken word, the written word, the cinema, raise public opinion.

Dr. C. W. Saleeby (London) pointed out that Syphilis was the most dangerous poison to the unborn generation, and laid stress on the increasing prevalence of Venereal Disease in this country. He had just returned from America, where he had seen most interesting experiments on animals by the inhalation of *alcohol*, the result was destruction of the germ cells. The 50 per cent. reduction of drunken women overlying children was an improvement, but he viewed with dismay the return to the pre-war use of alcohol. The question of Notification of Venereal Disease was raised; the importance for the *sake of the child* was pressed by Dr. Buchan (M.O.H. Bradford), who pointed out that Ophthalmia Neonatorum was notifiable, but surely it was more important to notify the antecedent condition and prevent it. Dr. Waller urged that the unrestricted use of patent foods constituted a racial poison and that medical papers should combine and refuse to advertise articles known to be deleterious to the true health of the community.

Instruction of mothers, and children, Constructive Morality, said Miss Marsh, was necessary to eradicate the evil. The M.O.H. Sheffield upheld this view and advocated the early instruction of the child in the story of life. The Society of Friends and the Jews regarded this instruction as incumbent on parents; they were morally our superiors, yet there was a society for converting the Jews!

THE WORK OF THE MIDWIFE IN RELATION TO ANTE-NATAL AND NEO-NATAL MORTALITY.

The chairman on Wednesday morning was Sir Francis Champneys, Bart., M.D., F.R.C.P. (chair-

man Central Midwives Board). The subject for discussion was "The Work of the Midwife in Relation to Ante and Neo-natal Mortality." Papers were read by Dr. Fairbairn (London), Miss Olive Haydon (London) and Miss Burnside, O.B.E. (Herts.). Dr. Fairbairn suggested that as ante-natal work had been so long neglected, now that its importance was recognised it was perhaps too much magnified—it must settle into its proper sphere. A scheme of post-graduate work for midwives was outlined, the practising midwife must be fitted for the additional services now called for before and after labour. To insure the success of the post-graduate classes the question of subsidy comes in. The Public Health Service must be *Team Work*, with places for doctors, nurses and midwives. Dr. Fairbairn dwelt on the necessity of Centres, realising that the patient belonged to the midwife from the time of booking, and that this point must not be overlooked if full co-operation of the midwife were to be enlisted and ultimate good result.

Miss Olive Haydon emphasised the need for further research work in connection with ante and neo-natal mortality. Midwives desire the examination of stillborn infants, and the post-mortem examination of infants dying during their attendance. Attention was drawn to the difficulty of bearing and rearing healthy children in slum homes by unfit parents. Miss Haydon deprecated the too frequent use of *forceps* to hasten *normal labour* and hoped that with improved ante-natal observation, a growing respect for and patience with the Natural forces in labour, the realisation of the dangers of high forcep operations, and the increased safety of Caesarian Section, fewer infants would die during birth or be born injured. Increased normal labours diminish infant mortality.

Miss Burnside urged midwives to take advantage of post-graduate classes, and the removal of the handy woman still practising under the medical wing—her retention is a menace to the country and deterrent to good women taking up midwifery. The question was raised in discussion of the advisability of midwives undertaking general nursing when labour cases are scarce. There is undoubtedly too much general nursing undertaken by women with insufficient training. The scarcity of educated practising midwives was deplored; the remuneration offered to such women is, of course, the cause, though Public Health Authorities seem slow to grasp the fact. Medical registers similar to those kept by midwives were suggested as a means of throwing light on infant mortality; such registers would be open to inspection by the Ministry of Health.

THE INDUSTRIAL EMPLOYMENT OF MOTHERS IN RELATION TO INFANT MORTALITY.

Mrs. Scharlieb, G.B.E., M.D., M.S., occupied the chair on Wednesday afternoon when the subject for discussion was "The Industrial Employment of Mothers in Relation to Infant Mortality." Papers were read by Dr. Rhoda Adamson (Leeds), Miss Barker, O.B.E. (Woolwich), and Mrs. Holden (Dewsbury).

Dr. Adamson said the child must be cared for, and the right person should be the mother; failing her, someone trained in infant care really interested in the subject and adequately remunerated. At present many families could not exist without the earnings of the mother. Infant mortality is greatest in crowded slum areas, where mothers are generally in factories and unable to breast feed their children or take them out into the fresh air. Day nurseries are expensive, and require a grant towards their upkeep; if, therefore, the State contributes, why not pay the mother to carry out her duties rather than a disinterested institution? Of course the State would see that the mother performed her duties or else lost the grant. Exclusion of married women by law from factory work would result in the practice of some form of birth control.

Miss Barker advocated women in industry, maintaining that children could be adequately cared for in crèches and hostels.

Mrs. Holden deprecated women in industry as the high rate of infant mortality was due to separation of mother and child as well as to the awful housing conditions.

Referring to the housing conditions of textile workers, Mrs. Holden said:—

"Take the ordinary working-man's home, consisting of one or two bedrooms upstairs and one room downstairs, and perhaps a coal cellar.

"In the downstairs room, weekly baking of bread, all cooking, washing, ironing, and cleaning is done.

"How many of us realise (who are at home all day to look after the household) what anxiety of mind there must be for the mother (who from her outlook thinks that perhaps the money she is earning is a recompense for any discomfort), who has to come home to a house which has been shut up the greater part of the day from twelve hours to fourteen hours, and then has to begin her household duties?"

A medical man remarked that women required instruction in household duties, as some could not keep the best-built house tidy.

Miss Paterson (delegate National Union of Trained Nurses) disapproved of crèches and day nurseries, as they encouraged women to leave their children, and agreed with Dr. Adamson that public money spent on them could be more advantageously used in helping the mother in fostering family life—a great British asset. At present few crèches were free from the charge of over-

crowding; if they had to be, then they must be in charge of a trained competent nurse. All ante-natal care was wasted on the child if doctors and nurses did not realise the importance of *Pediatrics* and begin at once to study the subject.

She voiced the opinion of many nurses when she urged general training as essential before one could qualify for the Central Midwives' Board examination. Midwives undertook a great national responsibility, and should be fully qualified for it; the scarcity of educated midwives and health visitors would be speedily overcome if the authorities were prepared to pay for the educated status they rightly demand.

(To be concluded.)

POST-GRADUATE WEEK.

The result of the examination at the conclusion of the Post-Graduate Week at the General Lying-in Hospital, York Road, Lambeth, S.E., is as follows:—

First Prize.—Miss Murray, 5, Lansdowne Circus, Leamington.

Second Prize.—Miss Cohen, 54, Upper Clapton Road.

The week was a very successful one and much appreciated by all who took part in it.

THE MARMET BABY CAR.

Maternity nurses and midwives should make a point of acquainting themselves with the merits of the Marmet Baby Car, which are many. It is very comfortable for the child, owing to the width of the car. It is very attractive in appearance and it has no nuts or bolts to get out of place. It is supplied by E. T. Morriss & Co., Ltd., 139B, Finchley Road, London, N.W. 3, and we are confident that those who once use it will always do so when they require a baby car.

The "Marmet" differs in many very essential features from all other baby carriages—the frame being made of one continuous steel tube and the body suspended by coil springs—this most useful invention being the sole patent of the manufacturers of the "Marmet."

All that you could desire baby to enjoy in the way of "pram-comfort" is embodied in the "Marmet," and it is claimed that no other system of construction combines such lightness, durability and complete freedom from cumbersome, complicated undercarriage parts.

ISLINGTON MATERNITY HOME.

At the opening recently of the Islington Maternity Home by Princess Arthur of Connaught, at 35, Parkhurst Road, Islington, N., Dr. R. Murray Leslie said the opening of the home was the beginning of a new epoch in the child welfare movement in London. The home was for married women residents of the Borough of Islington, members of the Women's United Services League, and of the Women's Section of the "Comrades of the Great War," and of clubs affiliated to the League. There was a very moderate inclusive weekly charge.

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EDITORIAL.

HONOURING THE DEAD.

No people know better than our great Allies, the French, how to organise a Pageant of Victory, for they possess the sensibility, the discernment, and the appreciation of beauty, which must be the inspiration of successful pageantry, and those who were privileged to share in the Victory celebrations in Paris on July 14th will, to the end of their lives, remember their glory and splendour.

We quote the words of an eye-witness, Mr. Perceval Landon, of the *Daily Telegraph*, who wrote from Paris on Sunday night. "Below me, in the darkness, is the most moving panorama of one of the most wonderful scenes that have ever taken place in France. To-morrow's great celebration may surpass it as a festival, but the honouring of the dead, all through these hours of darkness until the first streaks of dawn redden the sky behind Montmartre, is a spectacle that for sheer beauty and infinite pathos can never have a rival, even in this land of chivalry and romance. It is taking place round the Arc de Triomphe, and from the height of one of the greatest buildings beside it a scene is spread out before me of such eerie and exquisite beauty that a painter rather than a writer is needed to give an idea of its splendour and majesty."

Under the Arc de Triomphe, blazing with the light of the huge flambeaux which encircle it was set up the cenotaph as a memorial to the immortal dead. "Although only one avenue of approach and one of retreat have been left open for the pilgrims to this shrine, to-night," writes Mr. Landon, "the Place seems filled from side to side."

"It is not France only who keeps vigil beside this golden shrine. For this day, and for to-morrow, frontiers are swept away, and one knows that, all unconsciously perhaps, there are many lonely homes, not in England only, but scattered throughout the world,

wherever decent white civilisation has penetrated, from wherever the note of honour goes up to-night to blend with the funeral pageant of this triumphal hill. It is difficult to say how one knows it, but all this great vigil seems shot through and through with a deep dependence upon, and trust in another life. There is not a man or a woman in the crowd below but feels that his lost one is in some measure brought nearer to him to-night, and that, to quote Bunyan's undying phrase, beside the jubilation of this Paris of ours on the other side also, 'the trumpets are all sounding for those who have gone before.'"

At eight o'clock on Saturday morning a brief ceremony, organised with the perfection with which such functions are arranged by the Municipal Council of Paris, was held at the shrine. The President of the French Republic in the name of the State, and the Premier in the name of the Government, to the solemn strains of the "Chant du Départ," each advanced and laid a wreath upon the golden shrine, in the presence of Marshal Joffre, Marshal Foch, and other high dignitaries. "Immediately afterwards a poilu and a seaman—each with a glittering record of service in the ranks or the lower deck—deposited this last mark of honour on behalf of those who had been the comrades of the dead, and gave place to a woman of Alsace and a woman of Lorraine, each bearing a garland of eternal gratitude from the long-lost provinces."

Then the brief and pregnant ceremony came to a close, and the vanguard of the great procession of the Victory March moved slowly under the arch. A vanguard, composed of men broken in the war—*les mutilés*—to whom the place of honour was accorded before the Army triumphant, in which British troops from all corners of the Empire bore an honoured part, passed through the gateway of the Arc de Triomphe, opened for the first time since the war of 1870. It was the day for which France had waited, which her valour had won, and on which she entered into her reward.

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A CASE AFTER THE EXCISION OF THE TONGUE.

We have pleasure in awarding the prize this week to Miss W. M. Appleton, University College Hospital, Gower Street, W.C.1.

PRIZE PAPER.

Excision of the tongue is an operation usually done where there is malignant disease. The after treatment requires constant alert attention on the part of the nurse.

The chief points to be considered are:—Position, hæmorrhage, asphyxia, feeding, sepsis, and respiratory complications.

Position.—Patient must be well propped up in bed; turning the head to one side allows blood and mucus to escape from the mouth more freely. Some surgeons prefer this position immediately upon return from the operating theatre, even while returning on the trolley; others prefer a recumbent position until the post-anæsthetic effects have passed off. If part of the tongue has been removed, or where there is a stump liable to fall back and obstruct respiration, the surgeon leaves a strong silk suture attached to the base of the tongue so that it may be drawn forward and held if necessary.

If tracheotomy is done before the main operation, the surgeon usually removes the tube just before the patient regains consciousness, and a small dressing is applied. Should the tube be left in, the nurse must keep it clean and clear, and have at hand the usual sterilised requisites for nursing tracheotomy, and watch for expulsion of the tube and signs of dyspnoea. A nurse must be cool and resourceful, and reassure the patient, bearing in mind that delay in performing a necessary attention may be fatal and by forfeiting the confidence of her patient she makes it harder to do difficult duties.

After this operation there is liability for severe hæmorrhage, either recurrent within a few hours of operation, or secondary even when patient appears to be making favourable progress. An important artery may not have been tied, a ligature may have slipped, or septic ulceration may have eroded a blood-vessel.

To control the hæmorrhage until a surgeon arrives, draw the stump of the tongue firmly forward, hold the head well forward to prevent blood trickling back into trachea or gullet. Both lingual arteries may be involved, and prompt and temporary arrest may be obtained

by passing forefinger down to the epiglottis and hyoid bone and drawing the base of the tongue upwards towards the chin.

Most of the causes of asphyxia are met by keeping the patient in a correct position and drawing the thread attached to the stump of the tongue. The possibility of tracheotomy having to be performed at short notice must be borne in mind, and necessary preparations made in case of such an emergency. Rectal feeding is usually ordered for first few days. A saline is usually given upon return from the theatre and many surgeons prefer glucose saline $\frac{3}{8}$ viii. to x. every four to six hours to nutrient enemata.

After forty-eight hours, œsophageal or nasal feeding, or by means of a spouted feeder with rubber tubing attached. The mouth can be frequently and effectively cleaned by means of syringing with diluted peroxide of hydrogen or weak boric solution. Food must not come in contact with area of wound because healing is delayed, also food is contaminated with discharges. Blood is liable to trickle into the larynx, and owing to damage to the upper part of the pharynx patient has great difficulty in swallowing. All feeding apparatus must be well washed and boiled, the mouth should be syringed before and after feeding and redressed. Wounds inside the mouth heal by granulation with discharge of pus and are not aseptic, but careful hygiene and antiseptic methods limit the septic process and forward recovery, therefore the mouth must be frequently and carefully washed out by the antiseptic lotion ordered by surgeon. In doing this keep the head forward and the lotion readily runs out of the mouth and not back to the throat.

Septic bronchitis or pneumonia due to septic inhalation are liable to occur, and should be treated on general principles.

As the mouth heals, soft food is given; the liquid diet should be nourishing—every two hours if by feeder, and four if œsophageal feeding. An aperient is usually given at end of 28–48 hours, or an anema, and bowels kept well regulated.

During first forty-eight hours mouth must also be swabbed gently and constantly.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta T. Inglis, Miss Alice M. Burns, Miss Y. Simmonds, Miss P. Thomson, Miss M. Matthews.

QUESTION FOR NEXT WEEK.

How would you treat: (a) an extensive superficial burn; (b) a ruptured varicose vein?

COMBATting VENEREAL DISEASE.

The Fourth Annual Report of the work of the National Council for Combatting Venereal Disease is both interesting and exhaustive.

We learn from the report that at a meeting of Medical Officers of Health and Medical Officers in charge of Venereal Disease Clinics, Mr. Turner, Chairman of the Medical Committee, described the reports prepared by that Committee and approved by the Executive "on the best method of providing early preventive treatment throughout the country." An analysis of the replies to a questionnaire showed that the majority were in favour of such treatment being provided under proper medical supervision rather than by the issue from chemists or local authorities of the prophylactic packet.

At the same meeting Dr. Middleton Martin, Medical Officer of Health for Gloucestershire, gave a brief resumé of the scheme proposed for use in rural districts, and which depended for its success on the hearty co-operation of all medical practitioners. It was proposed that the hospitals should act as county centres, with out-stations in all places having a population of 600 and over. In these out-stations would be combined the maternity and child-welfare centres, the venereal disease and tuberculous clinics, etc. The resident doctors would be attached as staff, and would treat all cases as a matter of routine, calling on the services of specialists at the general hospital when required. There would also be a visiting staff of doctors with special experience of tuberculosis and venereal disease, a travelling masseur, and a visiting staff of trained nurses and orderlies who would give intermediate and early treatment under the doctor's orders. Arrangements might be made for the district nurse to be in residence at the out-station, so that a responsible person would be on the spot to see that things were in order.

The Report also states:—

Nurses.—Early in 1918 the Council had approached all governing bodies of hospitals on the question of adequate teaching to the members of all nursing staffs on the subject of venereal diseases in order to counter any prejudice that might exist against nursing such cases and to secure to the nurses sufficient knowledge for their own protection.

The Council offered either to provide lecturers to undertake such instruction, or, if it would be of any service, to provide syllabuses of courses of lectures. A number of hospitals asked for syllabuses, and in the early autumn

these were issued to every hospital in the country. During the year assurance has been received from 41 hospitals that members of their own nursing staffs shall receive necessary instruction either from their own staff or from lecturers arranged for by the Council. In addition, 18 other hospitals still have the matter under consideration.

Supply of Orderlies and Nurses.—If a large number of clinics are provided where continuous and early preventive treatment is to be available for both men and women, a number of adequately trained men will be necessary. Fortunately, experience obtained in the Army furnishes the country with an adequate supply of men orderlies with the necessary qualifications.

Many applications for employment from orderlies are received at Headquarters and referred to the Medical Officer of the district in which they wish to serve.

There appears to be a distinct shortage of nurses with sufficient experience and training.

HONOURS FOR NURSES.

ROYAL RED CROSS.

The King held an Investiture at Buckingham Palace on July 10th, and decorated the following ladies:—

Royal Red Cross.

FIRST CLASS.

Sister Agnes Taylor, Queen Alexandra's Imperial Military Nursing Service Reserve; Jessie, Mrs. Laurie, British Red Cross Society; and Miss Emma Pense, Canadian Army Nursing Service.

Royal Red Cross.

SECOND CLASS.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Assistant Matron Gwendolen Lardner, Sister Flora Browning, Sister Mary Blamire-Brown, Sister Evelyn Jones, Sister Marie Lutwick (also received the Military Medal), and Staff Nurse Lucy Nullis.

Territorial Force Nursing Service.—Sister Mary Mathewson.

Voluntary Aid Detachment.—Miss Hilda Clarkson and Miss Mary Thomas.

Canadian Army Nursing Service.—Sister Annie Hayhurst.

French Red Cross.—Miss Mary Marrow.

Albert Medal.

Miss Alice Batt, Voluntary Aid Detachment.

On October 1st, 1918, a fire broke out at No. 36, Casualty Clearing Station, at Rousbrugge, Belgium, and quickly reached the operating theatre, where the surgeon was performing an abdominal operation. The lights went out, and the theatre was quickly filled with smoke and flames, but the operation was continued by the light of an electric torch. Miss Batt continuing her work of handing instruments and threading needles with steadfast calmness, thereby enabling the surgeon to complete the operation. Miss Batt afterwards did splendid work in helping to carry men from the burning wards to places of safety.

Queen Alexandra received at Marlborough House the Members of the Military Nursing Services who have been awarded the Royal Red Cross and the Military Medal, subsequent to the Investiture at Buckingham Palace:—

MOST EXCELLENT ORDER OF THE BRITISH EMPIRE.

Commanders (Military Division).

The Order of the British Empire has been awarded to Matron Ethel Ridley, Canadian Army Nursing Service, and to Matron Adelaide Kellett, Australian Army Nursing Service.

The King held an Investiture in the Ballroom at Buckingham Palace on July 12th, when the following ladies were decorated:—

ORDER OF THE BRITISH EMPIRE.

Military Division.

Commanders.—Matron Ethel Davidson, Australian Army Nursing Service; Matron Ethel Gray, Australian Army Nursing Service; Matron-in-Chief Mabel Thurston, New Zealand Army Nursing Service.

Officers.—*Civil Division.*—Matron Altamont Smythe, British Red Cross Society.

The Royal Red Cross.

FIRST CLASS.

British Red Cross Society.—Matron Maude Brasier Matron Roslyn Carr, Matron Margaret Peiniger Matron Mary Ashlin Thomas, and Assistant Matron Mabel Chittock.

Australian Army Nursing Service.—Sister Evelyn Wilson.

New Zealand Army Nursing Service.—Matron Fanny Wilson.

SECOND CLASS.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Sister Marian Burnham, Sister Jean Mair, and Sister Betty Sear.

Territorial Force Nursing Service.—Sister Margaret McBride.

British Red Cross Society.—Sister Elizabeth Campbell and Sister Fanny Law.

Voluntary Aid Detachment.—Miss Mary Boyd, Miss Olive Bonham-Carter, the Hon. Dorothy Cross, the Hon. Marjorie Cross, Miss Mary Montgomery, Miss Gertrude Peters, and Miss Edith Tillard.

Australian Army Nursing Service.—Sister Elsie Cooke.

The Military Medal.

Miss Elsie Cross, Queen Mary's Army Auxiliary Corps.

CROIX DE GUERRE.

Miss A. M. Dobson and Miss E. de S. Preedy, who for over three years served under the French Red Cross in France, have received the Croix de Guerre for valour under bombardment and the Medaille de la Reconnaissance Francaise for devotion.

For all the few that see truth whole,

And take its endlessness for goal,

And steer by stars as if no shoal

Could mar their firmament.

For all the few that sing and sail

Knowing their quest of small avail,

Thank God Who gave them strength to fail

In finding what He meant. . . .

By Robert Vansittart.

A SPLENDID HEROINE.

The Cross of the Legion of Honour has been conferred by France upon the Princess Marie de Croy for rendering exceptional services during the war, for which Her Highness was condemned to ten years' penal servitude with hard labour by the Germans. The Princess was released by order of the Soldiers' Council at Cologne, but has suffered severely in health by the great hardships she has undergone. It is to the Princess that many British soldiers and officers owe their lives and liberty.

The Princess and her brother remained at their chateau in the north of France, close to the Belgian frontier, when war broke out, in order to be of service to the people. On the retreat from Mons many British strayed or were left behind, some remaining in disguise and concealment for a year. All who aided or concealed them were threatened with death and the burning of their houses; but, knowing the risks, many ventured life and liberty in order to assist our men to escape across Belgium into Holland, and in that way many were saved, till it was eventually discovered by the Germans.

A year after the entry of the Germans, the Princess and the other ladies were arrested, taken to Brussels, tried and condemned.

England as well as France will, no doubt, bestow some signal honour on the heroic Princess Marie de Croy. The Princess is a legitimate descendant of Mary Queen of Scots, and her family one of the most illustrious in the north of Europe. *Noblesse oblige.*

TEMPORARY NURSES FOR INDIA.

The Secretary of State for India makes the following announcement:—

Nurses are required immediately for temporary service with British troops in India. Applicants should be fully trained nurses between the ages of 27 and 35.

The terms will be as follows:—

Staff Nurses, Rs. 200 a month.

Sisters, Rs. 250 a month.

(At the present value of the rupee, viz., rs. 8d., the number of pounds a year is the same as the number of rupees a month.)

Engagement will be on a half-yearly basis. An outfit allowance of £20 will be given and a gratuity of Rs. 100 is granted in respect of the satisfactory completion of each period of six months' service.

Preference will be given to those who have recently served with either the Q.A.I.M.N.S.R. or T.F.N.S. Applications cannot be entertained from nurses now serving.

Enquiries should be addressed to the Secretary, Military Department, India Office, Whitehall, S.W., and must be clearly marked "Temporary Nurses" on the top left-hand corner of the envelope.

Original certificates and testimonials should not be sent.

NURSING ECHOES.

The Committee of the Royal Free Hospital has followed the example of Guy's Hospital and proposes to make a pension scheme compulsory upon probationers—as recommended by the College of Nursing, Ltd., report on Nurses' Salaries, drawn up by a Committee of which Mr. Louis Dick, the Secretary of the Royal National Pension Fund, was a member. The scheme for higher salaries and pensions will cost about £1,000 a year. The salaries of ward sisters are to be raised, according to length of service, up to a maximum of £85 per annum, and the salaries of higher nursing officials will be increased in proportion. In the case of probationers joining for four years' training the pension policy will be for not less than £25 per annum at the age of fifty. The hospital will take out the policy and pay the premium. If the nurse leaves at the end of her training the policy will be handed over to her. If she stays the hospital will continue to pay the premium subject to her being willing to take out a second policy of equal value.

The nurses contribute so materially by their private work to the finances of the Derby and Derbyshire Nursing Institution, that it is well they should participate in its financial success. At a recent meeting, at which Lord Roe presided, Mr. Hanson Sale mentioned that the sum of £6,000 had been allocated as a nucleus of a pension fund for the nurses.

Miss Robotham, in the absence of the Mayoress, distributed purses, Bibles, and badges awarded to the nurses. The recipients were Nurse Kilbourne (purse of £20), Nurses Ingram, Gray, Potter, and Blackburn.

Lord Roe was thanked for presiding, and Miss Robotham for her services, the latter paying a fine tribute to the work of the nursing profession.

Four lunatics who were found at two unlicensed houses in the West End—three in one house and one in another—figured in a case at Marylebone, when Miss Elizabeth Russell Cranford, the lady superintendent of the Nightingale Nursing Home, St. Mark's Square, Regent's Park, was fined £100, with £10 10s. costs, for offences under the Lunacy Act. The charges were that she detained, took charge of, and boarded and lodged these lunatics for payment.

Dr. Edwards found one house very poorly and the other practically unfurnished, and the four poor creatures, one aged 76 and another

80, in his opinion chronically insane.

The defendant, a nurse for 28 years, pleaded that she took the four persons into her home believing them to be of perfectly sound mind.

Much more inspection of poor old people "put away" often by relations who will not be bothered by them, is necessary. Their condition is often very pitiable.

We are asked to insert the following paragraph:—

"At the London Sessions, Mabel Bootman, a probationary nurse at the Bermondsey Infirmary, appealed against a fine of £2 imposed on her by Mr. Gill at Tower Bridge Police Court for assaulting Emily Russell, another nurse.

Miss Russell, giving evidence, said that six nurses entered her bedroom about 10.30 in the morning of April 29 and carried her into the bathroom. They put her in the bath and Miss Bootman had a jug of water in her hand. Another nurse took the jug of water and poured it over her head.

Miss Bootman denied taking any part in the "ragging," and said that she knew nothing about the plan to duck Nurse Russell.

The appeal was allowed.

If this nurse was innocent we are pleased to know her appeal has met with success; but what the public has a right to know is—have the Bermondsey Board of Guardians taken steps to protect the poor defenceless patients from the ministrations of the rowdy young women who were proved guilty of assaulting Nurse Russell, for attempting to protect sick people left in their charge? And if not, why not?

We learn that money is to be raised to provide a health nurse for every village in Sussex.

Do we understand that thoroughly trained, skilled and competent women are to be employed? A "health nurse" sounds as if the new Ministry of Health has to have something to say on the quality of service offered in rural districts. Surely the day of the makeshift—badly-equipped and very badly paid—village nurse is over. She was largely a "county" product, for which county patrons objected to pay. If the poor need nursing they need a skilled and tested attendant, and this we hope the Ministry of Health will help to provide. At present rural nursing is largely in the hands of midwives; this should now read—rural midwifery is now largely in the hands of trained nurses plus the Cert. of the C.M.B. But

of course all these reforms for the benefit of the sick are now delayed until the State defines safe standards of training in a Nurses' Registration Act, an urgent reform deferred by the animus of the College of Nursing, Ltd.

We are indebted to the Editor of the *Gazette* of the 3rd London General Hospital (T.F.) for our illustration of the V.A.D.'s nightmare. We do hope that when the staff of this hospital is demobilised, the *Gazette*, which has amused, charmed and instructed us by its clever articles and witty illustrations, will find some means of becoming a perennial. It would be a thousand pities if it "went under."

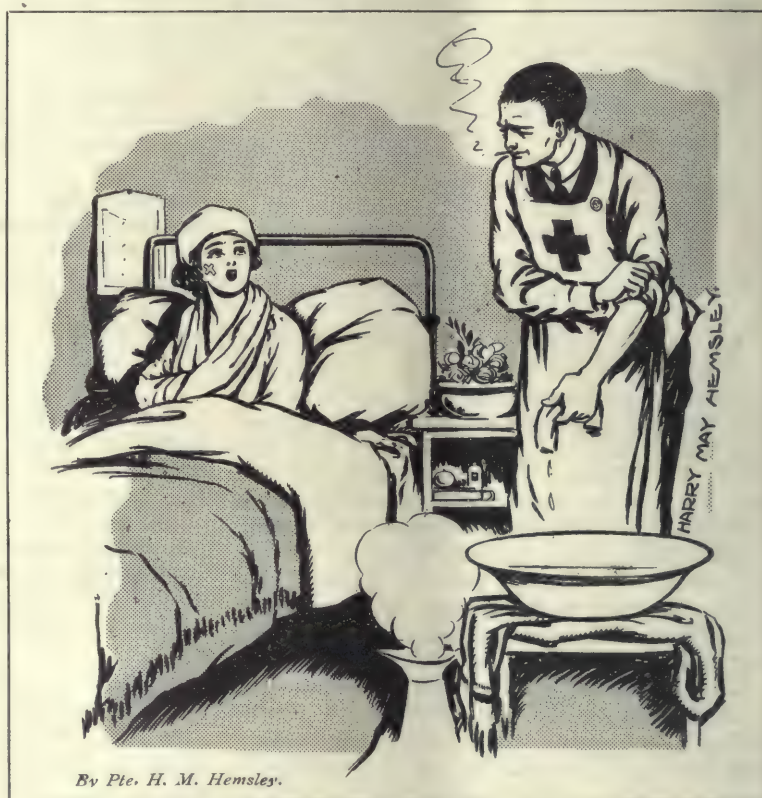
The Report of the King Edward Order of Nurses in South Africa for 1918, now to hand, states that, notwithstanding the difficult period which it covers, the Order has done much useful work. The Executive Committee records its deep sense of indebtedness to the Lady Superintendent (Miss J. E. Pritchard) and members of the Order for the strenuous and courageous manner in which they threw themselves into the fight against the influenza epidemic, bringing trained and cheering help to stricken communities, and winning golden praise for themselves and the Order by their skill and devotion.

Miss Pritchard reports that three nurses who went out on a three years' agreement broke their contract. On the other hand, three nurses who originally went out in 1914 on a three years' agreement are now in their fifth year of work with the Order. Another who left to take the position of Matron of a hospital had resigned the position and was returning to the Order to take up work as a district nurse in Johannesburg.

Sir Archibald Williamson, in the House of Commons recently asked the Secretary for Scotland whether any difficulty is being experienced in obtaining an adequate service of fully trained district nurses by the Highlands

and Islands Medical Service Board; and what salary is offered to applicants?

Mr. Munro replied that the shortage in the supply of nurses and the question of their remuneration are referred to in some detail in the current Report of the Highlands and Islands Medical Service Board, and said that the salaries paid to nurses are at the discretion of the district nursing associations, in whose employment they are, and at the present time there is no uniform standard of remuneration. The Board had, however, prepared a scheme under which they would be empowered to give



By Pte. H. M. Hemsley.

THE TABLES TURNED, OR THE V.A.D.'s NIGHTMARE.

Grants to associations to enable the latter to pay more adequate salaries. This scheme, which was at present before the Treasury, would have the effect of increasing the nurses' remuneration by approximately 30 per cent. on the pre-war figure.

"France's Day" was celebrated in London on July 14th. We hope the appeal met with very generous support, as the British Committee of the French Red Cross needs thousands to help build up social conditions in the districts devastated by the brutal Hun.

VISITING NURSING IN CHICAGO.

The Annual Report of the Visiting Nurse Association of Chicago is always one of the most interesting of the many we receive, and the twenty-ninth is quite up to sample.

In her greeting to the Members and Guests of the Association at the Annual Meeting, the President, Mrs. Aldis, gave a general survey, which she prefaced with the remark that the war and the epidemic had shown conclusively that if sick and disabled bodies were to be made whole, expert nursing as well as expert medical care was necessary. The war had emphasised the precariousness of health, and there was present, as never before, a determination to try to secure health, in so far as it might be purchasable by money or obtained by effort. Scientists would say that knowledge was ahead of practice.

She then referred to the plan outlined to the Directors two years ago by Miss Foley, the Superintendent, after consultation with leading physicians, for the scientific after-care of children afflicted with infantile paralysis. The plan arranged for a group of specially trained nurses to do nothing else but care for these children, the long, slow process of muscle training taking much time and patience. Nine nurses are now on this special duty, seven specially supported by the generosity of individual givers.

Miss Foley was appointed a member of a commission to investigate the question of health insurance, which should make a report which might be used as a basis for possible legislation in Illinois. She was asked to make a special report of nursing conditions in Illinois with reference to resident and visiting nurses, in which she said: "Sickness in any household is a disorganizing element. It may instantly decrease income; it almost invariably increases expenditure. The report suggests that an extension of visiting nurse service might well be extended to many more families who need skilled nursing help, but whose incomes will not allow them the exclusive use of a trained nurse.

In response to the great demand for nurses specially trained in public health work, Mrs. Aldis reported a plan recently inaugurated by the Chicago Chapter of the American Red Cross. Fifteen thousand dollars have been appropriated for the purpose of giving a three months' intensive training course in public

health nursing to a selected group of young women in the third year of their hospital course. The Red Cross bears the expense of their living, tuition, &c., during this period. Twenty-five young women began this course in February. It is expected by the Red Cross that these women will take positions in public health work in the State of Illinois for at least a year after graduation.

Mrs. Aldis paid a tribute to the care taken by Miss Foley of the nurses during the influenza epidemic. "She realised that a sick staff could not take care of sick patients, and that by watching over the staff she made it possible for many hundreds of patients to be cared for."

The Nurses' Committee report that they have at the present time three coloured nurses on the staff, two of whom are real V.N.A. veterans. All three are graduates of Provident Hospital, and this hospital is justified in feeling proud of the material which they have trained.

We commend to the Association of Hospital Matrons in this country the standard of ethics of their colleagues in the United States. The Visiting Nurse Association in Chicago is well known as a model of organization which is often copied. We read: "The following quotation is only one of the many which we receive constantly from other organizations: 'I am enclosing our new circular of information, which is copied almost entirely from yours. We have taken the privilege of using Miss Foley's Manual and your Standing Orders and method of work quite generously as our models.'"

PROFESSIONAL APATHY.

In reply to a letter to some twenty-five Hospital Matrons, asking that a representative of the R.B.N.A. might place its views on the two Registration Bills before the nursing staff, a curt refusal was received from all but two—King's College and the General, Birmingham, being the exceptions and no doubt these refusals will be commented upon later in the official organ of the R.B.N.A.

In the meanwhile it is interesting to report that at the meeting at King's College Hospital, of the staff, one probationer represented the large staff of Sisters and Nurses and there were a few outsiders; and at the General, Birmingham, an audience of seventeen, including outsiders, were present on Monday evening when Miss Isabel Macdonald and Miss Jentie Paterson attended from London to discuss the present crisis in the Nursing Profession, and, although those present listened attentively, and apparently with approval, no questions of any sort were forthcoming.

LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

STATE REGISTRATION.

Report from the Delegate on the Society for the State Registration of Trained Nurses.

Last week we published an account of the Meeting of the League of St. Bartholomew's Hospital Nurses, on July 5th, but only made a brief reference to the Report of the League's Delegate on the Executive Committee of the Society for the State Registration of Trained Nurses, in order to devote more space to it than was possible in that issue.

Miss Gladys Le Geyt, Delegate of the League presented her Report to the Meeting, giving briefly and concisely the history of the Nurses' Registration Bill promoted by the Central Committee in the House of Commons.

"With the removal of the Parliamentary ban on Private Members' Bills the Society was," she said, "prepared to take its full share of political responsibility in aiding, to the uttermost, the efforts of the Central Committee for the State Registration of Nurses, to find the means of getting a hearing in the House of Commons for the pioneer Registration Bill."

She traced the course of the Bill from its introduction by Major Barnett into the House of Commons, "the opportunity of a hearing for which we had worked and waited for fourteen long years was ours, and with a sympathetic House the goal of protection for the sick, and of emancipation for the nursing profession seemed within measurable distance.

"The Council of the College of Nursing, Ltd., did not oppose the Second Reading of the Bill. They would have found it difficult, if they had opposed the Second Reading of the first Nurses' Registration Bill which had a prospect of success to justify their action to their members, but they relied on obtaining amendments to Major Barnett's Bill in Committee.

"The Second Reading of the Bill was down for March 28th—a memorable date, when for one day a record of complete unity on the principle of Registration was for all time proclaimed in and out of the House of Commons. One milestone passed. A long, long dream came true."

Miss Le Geyt then showed that the Council of the College endeavoured to get its constitution, giving preferential treatment to that body, incorporated in the Bill, in Committee, and failed.

The President of the Local Government Board was asked by the Committee to consider and subsequently to advise the Committee as to the Constitution of the First Council. This Dr. Addison did, and in consultation with the members interested recommended the adoption of a Constitution substantially the same as that in the

Central Committee's Bill, but giving two additional representatives each to the Royal British Nurses' Association and to the College of Nursing, Ltd. This, Sir Kingsley Wood announced, had been agreed to by the member in charge of the Bill, and the representative of the College of Nursing.

Miss Le Geyt also outlined the other principal amendments agreed to, and then showed that the Council of the College, having failed to obtain the amendments it desired in Committee, directed three lines of action against the Bill.

(1) It circularised its members, directing them without delay to write to Members of Parliament urging them not to support the Central Committee's Bill.

(2) It obtained the introduction of its own Bill into the House of Lords, and

(3) Having secured a Second Reading, on the understanding that that Bill would reach the House shortly after Whitsuntide, started to get what are known as wrecking amendments put down by Members of the House of Commons.

There were only a few Friday afternoons left on which private members' Bills could be considered. On June 27th, the Bill was considered, at 3 o'clock, on the Report stage. Miss Le Geyt showed that the two precious hours available were quite long enough to get through the Report Stage if there had been no opposition. But that opposition was provided by the friends of the College of Nursing, Ltd., who proceeded with their wrecking policy (after having endeavoured without success to induce Major Barnett to withdraw the Bill). The precious hours went by; all that could be done was to report progress, and the chances of the Bill reaching the House of Lords this Session were now remote. On July 4th, the same thing happened. "It must," said Miss Le Geyt, "be clearly understood that there has been no opposition whatever to the Nurses' Registration Bill in the House of Commons except the opposition of the College of Nursing, Ltd.; the Bill could easily have got through and passed into law.

"The work of building is a long and patient process. That of wrecking is easy. It took, for instance, many years of arduous work to raise the fair edifice of Rheims Cathedral. It took not as many hours for the German guns to wreck it. State Registrationists have, for thirty years, been patiently educating the public and Members of Parliament as to the need for State Registration of Nurses. The foundations were well and truly laid. At last opportunity was within their grasp. In a few weeks a well-considered Registration Act might have been placed on the Statute Book.

"Then the iconoclast. Wrecking is so easy a pastime. But when it has been accomplished, what then?

"If the State Registration of Nurses is postponed indefinitely, we must place the responsibility where it rightly belongs, with the College of Nursing, Ltd."

A GOVERNMENT PLEDGE.

But there is still good hope that a Nurses' Registration Bill may become law in a not remote future. Dr. Addison, Minister of Health on June 27th in the House of Commons, undertook at the earliest possible time, on behalf of the Government, to introduce a measure providing for the Registration of Nurses—subject to the exigencies of the Session.

Thus the work of many years has borne fruit, the education of the public, of Members of Parliament, of the Government, in the necessity for State Registration has been accomplished. It marks another milestone on the road. Let us hope that the exigencies of the Session will permit the Minister of Health to redeem his pledge, and that a just Nurses Registration Act may have been passed before we meet again.

The members of the Society for the State Registration of Nurses must maintain their old attitude of vigilance while eagerly awaiting a Government measure.

The Report was received with loud and prolonged applause.

MRS. FENWICK THANKS MISS LE GEYT.

Mrs. Bedford Fenwick thanked Miss Le Geyt for her report, and congratulated the League on having a member who could write it. She added that Major Astor, the Parliamentary Secretary to the Ministry of Health, had, on the previous day, again given an assurance that a Government Bill for the State Registration of Nurses would be forthcoming.

The present Bill was a great emancipation Bill; she hardly thought that any Government would draft one giving so much power to the working nurse. The members of the League should help Dr. Addison to place a just Registration Bill on the Statute Book, and make it clear that no subterfuge like recognition, or any ambiguous thing of that kind would be acceptable. All politicians were impressed by public sentiment, but the experience of Registrationists in the House of Commons did not always impress them with the understanding and ability of members in regard to the Registration Question.

Had the urgent demands of the College of Nursing representatives for the withdrawal of the pioneer Bill been acceded to, there would have been a clear course, with nothing to prevent the College of Nursing Bill being carried through its Third Reading in the House of Lords, and sent down to the Commons for consideration this Session. We did not intend to fall into this transparent trap.

We had seen a fine piece of legislation wrecked—wrecked by the co-operation of members representing the College of Nursing, Ltd., put up to do this reprehensible job.

Mrs. Fenwick showed that when the College was unable to get its way in Committee it went over the heads of the House of Commons to the House of Lords, where there was a block of hospital chairmen, and secured the second reading of its

Bill, on the presumption that the two Bills might be considered together. Subsequent tactics in the House of Commons prevented this.

Major Barnett was a sportsman, and said in the House of Commons that he did not intend to commit *hari kari*—he would not withdraw the Bill to please the College of Nursing, or any other body.

Mrs. Fenwick urged the members of the League who wished to be governed by an independent statutory body, set up by Act of Parliament, to be vigilant, and to impress the Minister of Health with their determination not to submit to the professional domination of the College of Nursing, Ltd. Mrs. Fenwick's speech was also received with prolonged applause.

Miss Curtis, from the chair, thanked Mrs. Bedford Fenwick for her explanation of the situation, with which the League would agree.

COLLEGE OF MUSHROOM GROWTH.

Mrs. Launcelot Andrews said that Mrs. Fenwick and those associated with her had educated the country on the question of nurses registration. That, after all said and done, was a matter of fact. The present organisation which was opposing the Central Committee's Bill was a mushroom growth. The years of its existence were infinitesimal. The original promoters of Registration were in the position of all pioneers; they had a thankless task. There were always plenty to drop in and secure the fruit, there were only a few to sow the seed.

Mrs. Andrews asked whether the war, and the practices which had arisen through the war in connection with nursing were calculated to raise its standard. One or two things made one pause for thought. Reconstruction was in the air, and the things some of us had looked forward to for thirty years might come true. It might seem a far cry from the nursing question to Sir Douglas Haig's Report to the Pensions Committee. Yet how many of those boys whom we learnt from that Report were starving, hard up for means, had been begged from in the name of the nurses, and asked to give money to a questionable affair on their behalf? It was a retrograde step to allow outsiders to interfere in our affairs. Much more professional organisation was required. We should be self-supporting and independent.

THE CHAIRMAN DEPLORES CHARITY APPEALS.

The Chairman said the question was whether we should be a servile community, or organise ourselves in regard to registration, education, and organisation for our own protection. Let every individual nurse do something for the organisation of her own profession on professional lines. It was with the very deepest indignation and regret that we knew that appeals had been made by idle people on our behalf.

THE WHOLE PROFESSION RESPONSIBLE.

What are the members of other Nurses' Leagues doing to save the great principles incorporated in our Bill, when a Government Bill is forth-

coming? (1) Direct representation of nurses by nurses; (2) an independent governing Body; (3) a defined standard of nursing education; (4) a uniform test examination and certificate; (5) the protected title of "Registered Nurse"; (6) a protected uniform; and (7) an appeal to the High Courts. These are the basic principles defined in the Central Committee's Bill which Committee E adopted and which the House of Commons were prepared to grant (if precious hours had not been purposely wasted by College representatives). Let every independent nurse do her part to win these great privileges for the profession as a whole, including the members of the College of Nursing, Ltd., whose autocratic and vindictive Council has spared neither time nor charity-money in depriving the profession of their Charter of Rights.

THE NATIONAL UNION OF TRAINED NURSES.

The Report for 1918—May, 1919, of the National Union of Trained Nurses, is now published, and, as usual, contains an immense amount of information, both in regard to the activities of the Union and of the profession at large. The cover bears, in the centre of the letterpress, the pretty six-pointed star, and motto of the Union (*Per Ardua ad Astra*), produced in its distinctive green colour, and underneath the words, "A Union to maintain the highest ideals of the Nursing Profession." The Report of the Executive Committee indicates the many directions in which the Union has accomplished a very full year's useful work, and thus defines its policy:—

"The aims of the N.U.T.N. remain what they have always been. We work to raise the standard of nurses, to give them wider freedom and better conditions of service in order that a happy, well-organized, well-educated and well-paid body of nurses may be ready to help the public. The demand for efficient public service will not end with the war. A great and new field for usefulness is only just opening out, and will, we believe, need many still more highly specialized women to develop it; under the Ministry of Health preventative work will take its right place and possibly be considered as more important than the curative side; nurses who are to do their noble part in the care of mothers and young children will need to be devoted to their profession, and continue to remember our motto, '*Per ardua ad astra*.' We now have the vote, which proves a new and cogent way of influencing Parliament. We have also the prospect, under an Act for State Registration, of a General Nursing Council, representative of the nurses, and it is the duty of each individual member to consider earnestly how these new powers can best be used for the

good of the community and the improvement of our profession."

We wish the Union, and especially the group of earnest organisers at 46, Marsham Street, prosperity and success in their efforts for the welfare of the nursing profession.

NURSES AND TRADE UNIONISM.

The Irish Nurses' Union (Branch of the Irish Women Workers' Union) have submitted the following resolution for the consideration of the Irish Trades Congress which meets at Drogheda on August 4th:—

"That this Congress, being aware of the concitions of work, hours, and remuneration of all grades of trained nurses, condemns them as thoroughly unsatisfactory, and recommends the work of the Irish Nurses' Union to the assistance of all Trade Unionists, and particularly of all Labour members of Boards of Guardians, City and County Councils, and other Public Boards."

An informal conference was held in London on July 11th to consider effective political organisation for trained nurses, owing to the action of the College of Nursing, Ltd., directed by employers, in the House of Lords, and the wrecking of the Nurses' Registration Bill in the House of Commons by its representatives. An explanation of trades union law was presented.

ASYLUM STRIKES.

The strikes in Irish Asylums are very serious indeed, and must result in great suffering for the poor demented patients. It is reported that the emergency staff of attendants in Clonmel Asylum has been withdrawn by the strikers and 700 inmates are left to their own resources, there being only the two doctors, matron, storekeeper, and clerk on duty. The strike, which followed on the refusal of the management committee to grant full rates of wages to young and inexperienced attendants, has lasted five weeks, and all attempts at settlement have failed.

About 100 patients have escaped or been taken home by relatives. Conditions in the asylum are bad, but patients have conducted themselves remarkably well and no casualties have occurred. Liberty men help in feeding fellow-patients and in looking after crops.

PREFERENCE FOR V.A.Ds.

£900 FOR A V.A.D.

The V.A.D.s are doing fine out of the War. Miss Laura Sanders, of Ashey, a V.A.D. nurse at Leavesden Asylum, has been awarded a £900 scholarship to enable her to graduate as a doctor. This is amazing!

V.A.Ds. FOR Q.M.A.A.C. SICK BAYS.

An Army Council Instruction just issued announces that V.A.D. nursing members will be engaged for service in Q.M.A.A.C. sick bays in France for so long as required during the present emergency. The minimum rate of pay will be £22 10s. a year and the maximum £30, increments of £2 10s. being given at the end of every six months' approved service. These nurses are entitled to uniform and other allowances, issuable to V.A.D.s serving in military hospitals in France, and will also receive £11 active service allowance if not previously issued.

We are inclined to think that there is an ample supply of trained nurses to perform these duties; if members of Q.M.A.A.C. are sick they should be attended by certificated nurses; the rate of pay offered by the Army Council to these amateur nurses undersells the trained worker in a very serious degree, and no Government Department should be permitted to depreciate skilled nursing in this manner. As a tax-paying nurse, we protest against it and hope others will do likewise, and send their protests to the Secretary of State for War. Nothing could have been more unfair, than the manner the War Office and the British Red Cross Society have cut at the root of nursing economics during the war.

GETTING DESPERATE.

We call the following letter from the *Daily Express* under the heading of Demobilised Nurses:

Sir,—I am a nurse of four years' hospital training, not including three and a half years' foreign service during the war, having nursed in Egypt and the Persian Gulf. I was demobilised at a week's notice four months ago, and since that time have been looking for work at a salary that would keep me.

Imagine in these days offering a trained nurse £30 to £35 per year! It is monstrous! I am getting desperate.

Will someone please offer me a post with a salary which at least will enable me to get the necessities of life? My qualifications are medical, surgical and tropical nursing, with a four years' certificate to that effect.

D. W.

(Ex Army Sister, 4 chevrons).

"A late Sister of Queen Alexandra's I.M.N.S." pleads, in the *Morning Post*, for more generous treatment for the "permanently unfit" nursing Sister "invalided out of the Service and lacking even that financial consideration accorded to the out-of-work maker of munitions."

APPOINTMENTS.**MATRON.**

Children's Hostel, Tower Cressy, London, W.—Miss Florence A. Borrett has been appointed Matron. She was trained at the Halifax Royal Infirmary and Norwich Isolation Hospital, and has been Sister at the Grove Hospital, S.W., and on H.M. Hospital Ship

Galeeka. As a member of the Registered Nurses' Society, London, she was selected for active service in Egypt, and was for three years at the British Red Cross Hospital, Giza, as Sister and Assistant Matron, and was later Lady Superintendent of the Women Workers' Camp, R.A.F., at Aboukir.

Babies of the Empire Training Centre, 29, Trebovir Road, Earl's Court.—Miss Liddiard has been appointed Matron. She was trained at St. Thomas' Hospital, S.E., and has held the position of Night Superintendent in that institution. She has also passed through the special training given at the Babies of the Empire Centre, and has held there successively the positions of Sister and Assistant Matron.

NURSE MATRON.

Isolation Hospital, Llandrindod Wells.—Miss Blodwen E. Thomas has been appointed Nurse Matron. She was trained at the Cardiff City Fever Hospital, and has been on the Staff of the Gelbygaer U.D. Council.

SUPERINTENDENT NURSE.

Union Workhouse, Gateshead.—Miss Lily B. M. Hall has been appointed Superintendent Nurse. She was trained at the West Ham Infirmary, London, and has been Superintendent at Sudbury Infirmary, Matron at Sealburn Hospital Co., and Acting Matron, Clift House, Bristol.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed Nursing Sisters in Queen Alexandra's Military Nursing Service for India:—

Miss E. H. Winton, Miss S. G. Rees, Miss S. M. Bassett, Miss E. K. Wilson, and Miss C. J. M. Gabbett.

QUEEN VICTORIA'S JUBILEE INSTITUTE.**TRANSFERS AND APPOINTMENTS.**

Miss Lilian E. Neve is appointed to Derbyshire C.N.A. as Assistant County Superintendent; Miss Fanny R. Bacchus is appointed to Tumers Hill; Miss Minnie Bishop, to Draycott and Wilne; Miss Mary G. Coulson, to Tonbridge; Miss Ivy A. Fawkes, to Nelson; Miss Helen Hicks, to Gillingham; Miss Isabel Holme, to Dorking; Miss Mary E. Rothwell, to Bingley; Miss Sarah B. Rowland, to Warrington.

RESIGNATION.

Miss E. W. Mowat, Matron of the Whitechapel Infirmary, is retiring after thirty years of service in the Poor-Law, twenty of which have been spent in the Whitechapel Union.

At a recent meeting of the Guardians Miss Mowat was invited to the Board Room, and, addressing her, the Chairman expressed the deep regret of himself and his colleagues that ill-health had compelled her to resign. He congratulated Miss Mowat on the high efficiency of the training school and infirmary, for which she had been responsible, and wished her many happy years.

Miss Mowat expressed her thanks for the Chairman's kind words. She remarked that the last few years of the war had been very strenuous owing to the great reduction in the staff, and it had told heavily upon her.

The appointment of Miss Mowat's successor has been deferred for the time, and the Assistant Matron Miss Taylor, who has just returned from Army service, in the course of which she has been favourably mentioned in reports, has been requested to undertake the duties of Matron temporarily.

CARE OF THE WOUNDED.

"Because Peace Day has arrived we must not imagine that all the pain and sorrow caused by barbarous war is a thing of the past. This is not so, and we hope it will be kept well in mind that every sick and wounded man is a charge on the nation's care and generosity and that he has a right to the very best attention and comfort possible.

"Don't talk war," a flighty being said to us recently; "war talk wearies me." There are such people—in fact, many of them—jazzing away and flitting from party to party, with no more sense of responsibility than butterflies.

These people do not follow the example of our good Queens, who never miss an opportunity of helping to minimise the sad aftermath of suffering. Quite recently Queen Alexandra opened Gifford House, Roehampton, as a hospital home for discharged soldiers in memory of Lady Ripon. The patients were lined up in spinal carriages on the lawn in front of the platform, and Queen Alexandra shed some of her sweet smiles around when she announced, "It gives me great pleasure to open this magnificent hospital in memory of my dearest friend, Lady Ripon, who worked so hard for the wounded."

Gifford House was lent by Mr. and Mrs. Charrington in 1915 for use as an auxiliary hospital affiliated to the King George Hospital, and its owners have offered it for further use until the end of 1920. There is accommodation for over 100 cases. At present fifty-one of the beds are occupied, most of them by men transferred from the King George Hospital, and of these forty-one are paralysed.

It is hoped that in future a permanent home may be purchased.

COLONEL GOODALL TO FIGHT TYPHUS.

Lieut.-Col. Goodall, O.B.E., Medical Hon. Sec. of the Central Committee, has left for Poland to take part in suppressing the typhus epidemic—the aftermath of terrible war conditions. The suffering in Eastern Europe is little realised in this favoured country.

A FINE SCORE.

"Our" Major Barnett last week proved his prowess as a sportsman in an arena far removed from the polemic atmosphere of the floor of the House of Commons. At Bisley, in the Albert Competition, on July 10th, at 900, 1,000, and 1,100 yards—15 shots at each distance—he was high up amongst the prize-winners, and also won high distinction on Friday, an International Day, when teams from England, Scotland, and Ireland competed for the Elcho Challenge Shield. In the final result the highest aggregate was made by Mr. M. Blood, who made 225 points, and Major Barnett, also of the Irish team, made but two points less.

Prince Albert distributes the prizes on Friday, 18th inst., in the absence of the Prince of Wales, when, if nurses have their way Major Barnett, good sportsman and loyal friend, will be applauded to the echo.

Our readers may not know that Major Barnett designed the Barnett Optical Sight for the S.M.L.E. rifle and was mentioned "for valuable services rendered in connection with the war" in the War Secretary's list, February, 1917.

SERBIA'S SUFFERING.

PERMANENT WORK FOR THE CHILDREN.

The story of Serbia's suffering has been told by many, but few can speak with such knowledge of all the vicissitudes of the Serbian people as three English ladies, Dr. MacPhail and Sisters Hilda Willis and Rosa Stone, who have gone through almost all the campaigns from the beginning of the war in 1914.

Miss Willis, who has returned to England for a short holiday, gave an account of her experiences to an interviewer. It was in 1915 she went first to Serbia to assist in the medical field hospitals and wayside dispensaries. In the villages there were no doctors to be found, and the auxiliary work of the hospitals and dispensaries was of the most arduous kind. Great danger was added to ceaseless work by the advance of the Germans, Austrians, and Bulgarians in November, 1915. Miss Willis's headquarters at the time was at Kraguevetz, the chief arsenal of Serbia. From there she and her associates had to escape and make their way as best they could through Albania to Medua, a small port not far distant from Durazzo. In March, 1916, she crossed to Corfu, where the remnants of the Serbian forces were being trained and refitted. These forces she followed in September of that year to Macedonia.

After very severe fighting the Bulgarians were driven out of Monastir, but not out of the neighbourhood. The result was that Monastir was subjected to almost daily bombardment. The women and children who remained in the town suffered much, especially from the gas shells. It became necessary, therefore, to start a women and children's department connected with the military hospital, and the task was made very difficult by the extreme scarcity of food and the deplorable condition of the villages, which had been battered to pieces. There was hardly a scrap of vegetation anywhere, and every animal that could be used for food or transport purpose had been swept away by the invaders. Infectious fevers, typhus and typhoid, were rampant.

Dr. MacPhail and Sisters Willis and Stone, who were working at a field hospital about twenty-five miles from Monastir, were sent by the Serbian Relief Fund to a village where the conditions were worst, and there they cleared out a stable, into which they were able to put twelve beds. The grim fight with disease and malnutrition then began.

Miss Willis spent two or three months at the

end of 1917 and the beginning of 1918 in this country. February, 1918, saw her again in Serbia, attached to the organisation of the Scottish Women's Hospitals for the Yugo-Slavs. Fighting was continuous, but there was no rapid movement until September, when the Austrian and Bulgarian fronts began to collapse. The mobile hospital, where Miss Willis worked, followed the Yugo-Slav division until it vacated Sarajevo, the Bosnian capital, where the grim tragedy which precipitated the world war took place four years previously.

Here, however, Sister Willis's story does not end: it really only begins. She and Sister Stone were invited by the Serbian Government to join Dr. MacPhail in Belgrade, where an effort was being made to save young children from all the consequences of the disorganisation which war had entailed.

Arriving in Belgrade in January, 1919, the two English nurses found the place almost destitute of furniture. Food was very scarce and very dear. Exorbitant prices were, in fact, demanded for every article. The medical departments were in a bad state, and a great deal of disease prevailed with which there were few to deal. The material was also most defective. The Serbians, appreciating the difficulties, were very grateful for what was done by those who studied their ways and did not hurt their susceptibilities, but many can see that a change is coming over the people, that a reaction is setting in; that the Serbians are inclined to say more firmly, "Leave us alone."

"There has been much misrepresentation by those who have spent only a few weeks in the country," said Sister Willis. "The Serbians have many habits and customs which must be described as primitive. The defective sanitary arrangements produce conditions which favour lice, and very unfavourable impressions are thus obtained. But, in better surroundings and in the hospitals, the Serbians show that they love cleanliness."

"Our work with them," continued Sister Willis, "has had most encouraging results. We acquired a hut that had been used by the Austrians, and there we set up thirty-two beds. We established gradually a large out-patient department, through which several thousands received treatment. We had all our own operations to carry out, there being no English doctors. Dr. MacPhail, I may say, is acting directly under the Serbian Government. She is the medical head for all children's affairs. What animates us is the conviction that the saving of the younger children is the most important task of all. The lives, alas! of the older inhabitants are already spoiled. Soldiers coming home from the war find their children crippled with tuberculosis, their women dead. From one cause or another whole families have been wiped out. I know of one case where a poor girl was compelled to see her mother hanged, two brothers were killed, and when the father came back and found his remaining child suffering from hysteria he dropped down dead."

"Dr. MacPhail, I may add, started the hospital in Belgrade with a sum of only £25 and a box of Aspirin, which she got from an English friend. At

the end of May such progress had been made that it was possible to open a convalescent hospital in the country in a pavilion built before the war as a summer school. Here are thirty beds, occupied by the less serious or convalescent cases. Thus it has been possible to reduce the number of patients in the Belgrade hospital to nineteen acute cases. Do not forget that we have had 100 operations in six months, and have about forty new out-patients every week. What strikes the Serbians who visit our institutions is the cleanliness and happiness of the children.

"We have the support of Major Hanau and the Supreme Economic Council in Belgrade, but we need additional assistance. A great work, rich in example, can be done for young Serbia. We are rescuing the children; we are showing the people what kindness and scientific treatment can do; we are encouraging them to help themselves; and we are thus building, amidst the greatest wreckage of war, institutions which may be of lasting benefit to the whole nation."

MANCHESTER WRECKERS AND COLLEGE KULTUR.

We note that, voiced by Major Hurst, M.P. (Moss Side), the "Manchester wreckers" claim, in the *Daily Dispatch* (Manchester) that the "Manchester Group" have taken the lead in furthering so just and generous a cause, "as self-government for nurses in a Registration Act. Nothing is more untrue. This "Manchester Group," of M.P.'s have co-operated with the representative of the College of Nursing, Ltd., to "wreck" the self-governing Nurses' Bill in the House of Commons, and the College Bill they support as introduced into the House of Lords by substituting the word "person" for "nurse," makes it possible to have a Nursing Council—the Governing Body for the nursing profession—without one nurse upon it. We shall carefully watch the "Manchester Group" of wreckers when the Government Bill is before the House. Of one thing these College supporters may be sure, and that is that thousands of self-respecting nurses will stand out of any Government scheme altogether, if any attempt is made to compel them to submit to the control of the old time anti-registration protagonists grouped on the College Council, or to sign away their personal liberty by subscribing to the College Serf Clause, to be de-registered by hospital matrons without appeal, as every nurse member of the College agrees in writing to be under its autocratic memorandum! Manchester Members are, in Parliamentary parlance, merely "talking through their hats" in mentioning the word "democratic" in connection with College camouflage.

We pioneer State Registrationists have no use for College Kultur!

WORD FOR THE WEEK.

"It is better far to go out with honour than to survive with shame."—Captain Norman Leslie.

THE PROGRESS OF WOMEN.

The First Chamber of the States General at the Hague adopted, on July 10th, by 34 votes to 5, M. Marchant's motion to introduce Woman Suffrage. Thus Dutch women get the vote, for which so many have worked devotedly for so many years, amongst them the late Miss van Lanschot-Hubrecht, and many leading nurses. B.J.N. congratulates the Dutch citizen nurses and feels sure they will use their vote wisely and well. It is just ten years since the International Council of Nurses in session in London passed a resolution in support of suffrage, which, irony of fate, the American delegates had been instructed to oppose, and now that burning question has been settled to our satisfaction in nearly every country in the world. No class of worker needs it more than the trained nurse.

Signor Martini and other Deputies introduced in the Italian Chamber on July 12th, a Bill for granting the vote to women.

The Minister of Health is said to be inclined to place a very liberal interpretation on the clause of the Act which empowers him to appoint women officials.

Women are to be appointed on all the consultative councils, which are presently to be set up, and it is expected that, on those dealing with general health questions from the public point of view, they will give great assistance to the Minister. Women will be represented also on the councils dealing with medical and allied services, national health administration, as well as general questions.

It is hoped that women will take the trouble to get elected to the local councils. The women's citizen associations, which have been formed in different parts of the country, are stirring up local opinion on many health subjects—in Manchester, for instance, they are making the smoke nuisance their special objective—and the women's village institutes are keenly interested in the housing question.

In the Upper House of Convocation of Canterbury the Report of the Committee on the Ministry of Women was recently presented. It recommends that on certain conditions women should be permitted to preach in church and that an Order of Deaconesses be instituted.

Women are to be admitted to the proposed Degree of Commerce at London University on the same terms as men.

Another victory has been won for women in the legal world. The Law Society, having passed a resolution that women should be entitled to join the legal profession, have taken the logical course of resolving that they shall be admitted to the society's lectures and classes.

The Bill for the admission of women to the legal profession, though it has passed the House of

Lords, has not yet been considered by the House of Commons. It is hoped the Government will soon give the promised opportunity of discussion in the Commons.

BOOK OF THE WEEK.

"THE SNAKE BITE."*

A new book by Mr. Hichens is always an event to his large circle of admirers. Perhaps a collection of short stories is not precisely the form that they would prefer, but they may take comfort as the short stories are, in fact, quite long and quite up to the high standard that they have a right to expect from this author.

The story which provides the title has its setting in the East, and the glamour of the desert steals over the reader. Fay Mortimer and Alan are young married people who have come to Beni Mora on account of the husband's health. Threatened with tuberculosis, the young, clever doctor had by chance come in the society of a man who ran the Imperial Hotel at Beni Mora during the winter season. Hearing of the young doctor's misfortune, Monsieur Darbley had offered to lodge him and his wife at the hotel during the winter on condition that he was allowed to advertise a resident English doctor as attached to the hotel for the season.

Here they made acquaintance with the American millionaire, Horace Pierpont. This man was of a compelling physique and personality, he was intellectual, a keen student of his kind, and a good, though not untiring, sportsman. Fired by an achievement of a former party of Americans, he resolved to emulate their example, and to traverse the Sahara from Beni Mora to Tombouctou by caravan.

Saad ben Joussef was to conduct the expedition.

"Again he would pour gold through his fingers, or stay deliciously in his big brown palms. He knew how to keep his counsel, and was a master of long, unsmiling silences."

The secret, mysterious atmosphere of the East seems to have enveloped and invaded these Westerners. Pierpont approaches Fay in a manner that is furtive, when he unfolds to her his plan for Alan and herself to accompany him on his adventure.

With a long sweep of his arm Pierpont indicated the desert.

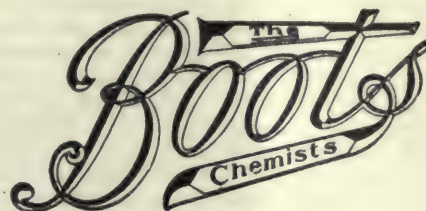
"Look at that motionless sea. I am going to set sail upon it, to take ship, and to go out for a long voyage."

"The sensitive blood rushed to Fay's temples. A strange song seemed to drum in her ears barbaric, provocative, and tremendous. Suddenly she felt violently excited and desolate—she knew."

Fay struggled against her passionate desire to accompany this man, and her husband on their expedition. She would have dissuaded

By Robert Hichens. (London: Cassell & Co.)

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Alan from the project had she not been convinced of the immense benefit that it would be to his health.

Pierpont's object was to secure Fay's society, and Fay's intuition told her this quite plainly.

Alan who, on the journey becomes aware of the secret understanding between his wife and Pierpont, allows the latter to be bitten by a poisonous adder when he could easily have prevented it, but he cannot bring himself to withhold the antidote it was in his power to administer. Alan acknowledges that Pierpont, with all his faults, was a sportsman, and we will go further and say that Alan and his wife came under that category, too. They did the only thing possible after the discovery of the unhappy love between Fay and Pierpont. Alan and his wife bravely face the situation, and together they retrace their steps over the desert, and leave Pierpont to pursue his lonely way.

The second story, "The Lost Faith," is quite a different type of story. Olivia Traill, "the most remarkable woman in New York," had been persuaded, induced, *got* by Lord Sandring to cross the ocean and to join him in his Bureau of Psychic Healing, which he had established at his own expense in a quiet street not far from Piccadilly. He was going to make Harley Street "sit up." The doctors laughed at his pretensions, but wait till Olivia arrived."

Olivia had built herself a reputation in America by her treatment of some neurasthenic cases, and was perfectly honest in her belief in herself. In time she obtains entry into the house of a military man of high position, whose sister had for years been a victim to most acute nervous pain in her head. In gratitude to Olivia for the relief she was able to afford her, the General promises that if he should become ill at any time he will ask for Olivia's ministrations.

Shortly afterwards he is mysteriously smitten with enteric fever, and Olivia is torn between her love for him and her reputation as a healer, for she has gradually become aware that her powers are chiefly mesmeric.

Love, however, prevails, and she admits her inability to deal with his condition, and calls in her old enemy, Sir Mervyn Butler.

"The Two Fears" is a pathetic little sketch of a war mother, whose alternate fears were, first, that her only son would not enlist, and next that he would. Like many another mother she not only gave her son, but she had to sacrifice her home as well.

Alan fell at the Dardanelles. But she was glad that her first fear was not realised.

H. H.

COMING EVENTS.

July 19th.—Celebration of Peace Day.

July 24th.—Central Midwives Board, Penal and Monthly Meetings, 1, Queen Anne's Gate Buildings, Dartmouth Street, Westminster, S.W. 10.30 a.m.

July 25th.—Nurses' Registration Bill Resumed Debate. House of Commons.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A WARNING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you allow me a little space in order to warn nurses not to be too sanguine in regard to the proposed Government Bill to give "State Registration" to nurses?

The methods adopted by the Government *re* the Women's Emancipation Bill, are ample proof of their deliberate policy of controlling the activities of WORKING women. (They don't control the activities of Lady Cowdray.)

If nurses will only realise that we are all workers—whether with hand or brain matters not a jot—they will see that their own welfare and the welfare of the community depends entirely on their combined strength. How can they expect their real interests to be considered by the people who are interested in keeping them under control?

Suavity is still considered sufficient to pacify women, and laudation sufficient to move nurses to further self-sacrifice.

The race would be the poorer if woman lost her capacity for putting self in the background; but in the workaday world, men and women ought to meet on an equal footing. Our present Government is evidently not of that opinion. There is every prospect of a general election in the not distant future; let nurses see to it that their influence is used towards sending to Parliament men or women who are living and working for the welfare of the community, and the necessity for the State Registration of Nurses will soon be recognized as a necessary adjunct to the physical well-being of mankind.

The work of the Central Committee is by no means finished, and a strenuous time is in store ere the "essentials" are included in a Registration Bill, introduced by a Government composed of individuals who have not learned that "equality," when attained either by mental or physical labour, must in justice be acknowledged, regardless of sex.

July 8th, 1919.

M. D.

[Nurses must work ceaselessly for professional reform. So far only the minority have done so.—E.D.]

KERNELS FROM CORRESPONDENCE.

BITTERNESS COMETH BY INJUSTICE.

Life-long Registrationist: "To judge from the string of letters attached to the names of the 'wrecking' Council, our liberties have not been trifled with for nothing. We are feeling very bitter in this hospital about the conduct of those Miss Cowlin calls 'our leaders.' How about the Gadarene swine? Seems to us 'College' nurses are heading that way."

Hospital Sister: "I have a friend, a Sister at the London Hospital, and she told me with conviction soon after our Bill went through its second reading, 'It has been arranged your Bill is to be "netted" in the House of Lords—but it will never be permitted to pass the House of Commons—that is all arranged.' 'Who by?' I asked. 'Oh! that's telling,' she replied."

[Lord Knutsford made no secret in either Lobby of his determination to help wreck the Bill. He was quite open about it. But not so those associated with him. The incorporation of the College Company by Act of Parliament answers the purpose of the anti-registration employer quite effectively.—ED.]

A Citizen Nurse:—"I wonder if the nurses who have joined the College have ever heard of Magna Charta? I doubt it! So long ago as the year 1215 the peers insisted on the right of every freeman to a trial, and Magna Charta was signed, and now in the year 1919 women—many of them enjoying full citizenship—are so ignorant and apathetic that they actually sign an agreement with the Council of the College of Nursing, Ltd., to have their names removed from membership without trial or right of appeal. It would be incredible if thousands of nurses had not proved themselves unworthy of their citizenship by signing the agreement. I agree with you that only tyrants could draft such a constitution, and it is only those who have no more sense than to submit to it who are being used to deprive us of our professional Magna Charta—our Registration Bill."

F.F.N.C. Sister:—"My blood boils. After four years' work in France, doing national work by helping sick and wounded Allies, I come home to find the College has practically wrecked our splendid Bill. Shame upon Manchester men for acting as its tools! In my youth a 'Manchester man' was looked upon as a man of honour. Politics seem poisonous."

Trained Nurse:—"Is it usual for a Secretary of a Nurses' Society to grant an 'audience' a week hence, after a written request? It seems more difficult to see the Secretary of the College of Nursing than a Cabinet Minister."

Staff Nurse: "I have not a penny-piece except what I earn, and never a five pound note between me and perdition. You can't expect this class of pauper to be very keen to come into collision with their present paymasters. 'Best say nothing' is our motto."

Private Nurse: "Surely we private nurses will not be obliged to re-enter insurance if the proposed substitution of £250 limit for the previous limit of £160 is carried. Seven-and-sixpence is no good to us, and only causes endless annoyance. When I had to be insured I paid the 6d. weekly myself; nothing will induce me to beg for 3d. a week from patients; it cuts at the root of our professional status and places us on the level of untrained domestic workers."

A Queen's Nurse writes:—"What is going to be done to do justice to thoroughly trained district Nurses? After a short course of training, including a period in a Children's Hospital, given gratis from Red Cross Funds, V.A.D.'s are promised salaries as health visitors from £150 upwards, an assistant health visitor from £100 upwards. I hold a three years' certificate of training from a general hospital and special training in district nursing. I paid £20 for my midwifery training and £1 is. for examination by Central Midwives' Board, and for years past I have been paid £40 a year, a poor lodging and not very generous board. I recently applied for a secretarial post in connection with infant welfare work, to which a salary of £200 a year was attached, and was told I must become an expert typist in addition to my other professional qualifications. Ultimately the post was given to a young clerical worker, who did not know whether or no an operation for hysterectomy could or could not be performed on a man!

"If the Nation's Fund for Nurses can get a few thousands out of the public I am to have my salary raised to £50 by means of this charity dole. What is the new Ministry of Health going to do? Employ thoroughly trained nurses at a living wage—or amateurs at 'profiteer' prices? Everything is most unjust for trained Nurses—why have any?"

[Trained Nurses must claim a self-supporting salary free from "charity doles." The poor are keenly alive to the benefit of nursing knowledge and skill. The system and patronage which so largely inspires district nursing associations, and for which "patrons" will not pay a sufficient remuneration, needs readjustment. District Nurses have no self-governing organisation as they should have, but have been "guided" into the College compound—and the economic gate barred *on the outside*. A well-reasoned case placed before the Ministry of Health might do good.—ED.]

INFORMATION REQUIRED.

Will any nurse who can give any information about Lance-Corporal George William Wright, 51015, 9th Cheshire Regiment, 19th Division, 57th Brigade, who was last heard of on the St. Quentin front, and reported missing on March 27th, 1918, please communicate with his wife, Mrs. Wright, 94, Edward Street, Nuneaton, or with Nurse E. Ford, 116, Corporation Street, Nuneaton.

OUR PRIZE COMPETITION.

QUESTIONS.

July 19th.—How would you treat (a) an extensive superficial burn, (b) a ruptured varicose vein?

July 26th.—How would you treat (1) *asphyxia livida*, and (2) *asphyxia pallida* in the newly-born infant?

The Midwife.

BABIES OF THE EMPIRE TRAINING CENTRE.

VISIT FROM THE QUEEN.

On Saturday last the Queen honoured the Babies of the Empire Training Centre, 29, Trebovir Road, Earl's Court, with a visit, when the Superintendent, Dr. Truby King, explained to Her Majesty the plan of work of the Centre in the scientific care and feeding of babies, and the training of nurses—and others—in the treatment and rearing of children.

We learn that Dr. Truby King—who, with the Matron, Miss Pattrick, came over from New Zealand to give practical demonstration of the methods of baby culture taught at this training centre—is shortly retiring from its direction, when it will be carried on under the superintendence of Dr. J. S. Fairbairn, Obstetric Physician to St. Thomas's Hospital, with Miss Liddiard as Matron. This special training, as heretofore, will be available for nurses and others, wherever trained.

A NATIONAL CONFERENCE ON INFANT WELFARE.

(Concluded from page 36.)

THE ILLEGITIMATE CHILD.

Sir John Kirk presided at the Morning Session of the National Conference on Infant Welfare, at the Kingsway Hall, W.C., on Thursday, July 3rd, and the readers of papers were Lady Nott Bower, Mr. Robert Parr (N.S.P.C.C.), and the Bishop of Kensington.

Sir John observed that the mother bears the penalty and the man escapes; matters were not improved by penalising the mothers; every child is a matter of national concern. He based his appeal on the right of every life to self-expression; and hoped the antipathy of married mothers for unmarried ones might be removed, and more hospitals and hostels be established. In conclusion he drew attention to the need of reform in the legitimacy laws.

THE DESTITUTE UNMARRIED MOTHER.

Lady Nott Bower enumerated three great difficulties of the destitute, unmarried mother—(1) provision for her confinement; (2) provision of care and maintenance for her child; and (3) to obtain support from the father.

THE LEGISLATIVE ASPECT.

Mr. Parr proposed that illegitimate children be made Wards of Court. The Registrar of Births would communicate with police and the Collecting Officer arrange with the father about provision for mother and child. Mr. Parr, speaking after twenty years' experience, said it was not so diffi-

cult as imagined, especially if a meeting between the man and the woman could be arranged. He referred to the Bill drafted by Mr. Clark Hall and one on the same subject by Mr. Sherwood.

THE PROTECTION OF THE INNOCENT.

The Bishop of Kensington, in an inspired address, said we must, as a nation, accept the Christian view of protecting the innocent; till now we had lost sight of the innocent in a wish to punish the guilty. The problem is the problem of substituting RIGHT THINKING for wrong thinking, and the whole community must accept responsibility for the standard of thought; therefore, we must raise the moral standard and practice of the whole community; we are each parts of the whole.

The Medical Officer of Health for Willesden (Dr. Nash) showed great insight when he drew attention to the necessity for fostering mother love in the unmarried mother, which could only be accomplished by keeping mother and child together.

AFTERNOON SESSION.

Mrs. H. A. L. Fisher presided at the Afternoon Meeting, when the speaker was Mrs. Gotto, O.B.E.

THE SAME CHANCE FOR ALL.

Mrs. Gotto insisted that all citizens should have the same chance of birth; if we raised the standard of motherhood, we must not differentiate. Statistics from Australia disproved the contention that, by attending to the needs of the illegitimate child, illegitimate births would increase. Mrs. Gotto classified the seven groups of unmarried mothers, beginning with the victims of bigamous marriages. It is in the interest of the country, she maintained, to return the unmarried mother to the country as a self-respecting and self-supporting citizen. Remedies suggested—socially and legally. Socially, by carrying out permissive legislation; legally, by legitimising the child if parents marry after its birth (as in Scotland); by making the State responsible to establish paternity or take the place of the father (done successfully in Norway and in two of our Dominions). Improve laws of inheritance and adoption.

CRIMINAL ABORTION.

Dr. Whitley attributed high infant death-rate in this country to criminal abortion, syphilis and alcohol. He greatly impressed the audience by descriptions of the ease with which these murderous practices are carried on. Unsuccessful attempted abortion perpetuates the worst type of a degenerate race.

THE UNWANTED BABE.

Miss Cox summarised the tragic history of the unmarried mother, both before and after the birth of her child.

J. B. N. P.

THE BRITISH JOURNAL OF NURSING

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Vol. LXIII

EDITORIAL.

THE FESTIVAL OF VICTORY.

The memory of the Festival of Victory, on Saturday last, abides with the nation as of a jewel with many facets.

Its thoughts turned naturally to the sick and wounded—those who had helped to win peace, but at a cost which prevented their taking part in the public rejoicings. To them the King sent the following message:—

“To-day we are celebrating a victorious Peace, and amid the national rejoicings my thoughts, and those of the Queen go out to the men who, in the gallant part they have taken to secure that victory, have suffered and are yet suffering from the cruel hand of war. To these, the sick and wounded who cannot take active part in the festival of victory, I send our greetings and bid them good cheer, assuring them that the wounds and scars so honourable to themselves inspire in the hearts of their fellow-countrymen the warmest feelings of gratitude and respect.”

GEORGE R.I.

Beyond the wounded were the great army of the Glorious Dead, to whom, in a very special sense, the Day belonged. With a great price they won our freedom—those gallant boys, who, with life, and all it held of pleasure and promise, just opening before them, offered themselves as a willing sacrifice.

It was fitting that the Cenotaph in Whitehall should commemorate them, that the Empire's flags, and laurels bound with crimson, should crown the simple yet stately memorial saluted by their comrades-in-arms as they marched past.

The great procession was the more impressive because of its quiet restraint; in spite of the magnificence of the occasion, in spite of

the fact that never before had so many famous and gallant men been gathered together from all quarters to celebrate a great victory, it exhibited no elation. War is always terrible, and a war such as that which has just convulsed the world has left an indelible mark on those who have passed through it. Marshal Foch, Generalissimo of the Allied Armies, looked as if the sorrows of the world were graven deep into his heart, as if the burden of them were almost too great to be borne, though a smile lit up his kindly face as he acknowledged, manifestly touched by their warmth, the tempest of cheers which greeted him.

The men who rode and marched past, from the highest to the humblest, gave one the same impression. A great weariness was so evident in their faces that it seemed, in some cases, as if they must “rest for an æon or two” before it was removed. Can we wonder, when we remember that it was these men, and others like them, who presented a solid wall of flesh and blood, against which the guns, and the poison gas, and all the murderous inventions which the devilish ingenuity of an arrogant military power could devise spent themselves in vain?

It is a matter of pride to every member of the nursing profession that representatives of the Queen Alexandra's Royal Naval Nursing Service and of different sections of Military Nurses took part in the Victory March.

Nurses have for long claimed their right to care for the sick and wounded wherever they may be found, at whatever personal risk, but, until this war, when the dire need of the wounded compelled their employment right up at the Front in the casualty clearing stations, they have been relegated to the comparative safety of base hospitals. Now they have won their right to a place at the Front, ashore and afloat they have had their baptism of fire, and have proved themselves worthy.

OUR PRIZE COMPETITION.

HOW WOULD YOU TREAT (a) AN EXTENSIVE SUPERFICIAL BURN? (b) A RUPTURED VARICOSE VEIN.

We have pleasure in awarding the prize this week to Miss A. M. Douglas, University College Hospital, Gower Street, W.C.1.

PRIZE PAPER.

A burn is an injury caused by dry heat such as flame or hot metal. A superficial burn includes the first two "degrees of burns," in which the epidermis and dermis may be injured, but not destroyed, and the wound heals without contraction.

The extent of a burn is more serious than its depth; as the more nerve endings there are injured the greater the shock. The third degree, in which the epidermis is destroyed, and the naked nerve papillæ are left exposed, is most painful.

In a case of burns the first treatment should be directed towards the prevention of shock. The wound should be covered to exclude the air, and the patient put to bed and made thoroughly warm. Morphia grs. $\frac{1}{4}$ for an adult may be necessary for the pain, and stimulants should be in readiness in case of heart failure. Some surgeons order a hot air bath (temperature 108° Fahr.) or a bath containing a warm, weak antiseptic solution, in which the patient is immersed for three or four hours, and then put to bed between warmed blankets.

If the wound be cleanly covered the dressing should be postponed till the patient has recovered from the first shock of the accident.

If any clothing be adherent to the wound it should not be dragged off. The garment must be cut, leaving these particles to come away subsequently. If possible it is less painful to immerse the injured part in sterile Boracic Lotion, or a solution of Bicarbonate of Soda while it is being cleansed. Sometimes an anæsthetic may be necessary, as the dressing of burns is most painful.

Air, which is full of microbes, should be excluded as much as possible, as the wound is an ideal site for the development of bacteria. Dressings should be applied in strips so that they can be changed one at a time. When the face is involved, a mask, cut out of lint, with holes for the eyes, nose and mouth, should be applied with, or over, the dressing.

When the epidermis is not broken, powder dressings are the best, as if the wound is kept dry there is less risk of sepsis. Pulv. Starch

and Oxide of Zinc is useful. Blisters should be cut at the lower edge, and the fluid absorbed by a swab, and not allowed to trickle over the wound. Picric Acid has the advantage of allaying pain and encouraging re-growth, leaving a smooth scar. Also the dressing need only be changed every other day. Lotia Rubra may be applied when healing is slow. No waterproof covering should be applied for burns, as it is most desirable to prevent the wound remaining clogged with septic discharge.

For ten days after the accident the patient will probably suffer from fever if the burn is deep seated, owing to the absorption from the wound into the system of poisonous products. The diet should be very nourishing, but light. The bowels must be regulated, and the temperature watched. The complications to avoid are pneumonia and sepsis.

Varicose Veins, or Varix, is a condition in which the veins become dilated and tortuous. It usually occurs in the lower limbs, scrotum (varicocele), or the rectum (hæmorrhoids).

If a vein in the lower limb be ruptured, digital pressure should be made at the bleeding point, the patient laid flat, and the limb raised. A firm pad and bandage should replace the digital pressure until the vein can be ligatured. All tight clothing should be loosened and precautions against shock and collapse taken. A tourniquet should not be applied unless all other methods of arresting the hæmorrhage fail.

In the case of hæmorrhoids, slight bleeding often relieves the patient and calls for no treatment. If it be excessive, medical assistance must at once be obtained.

When the vein has been removed or ligatured, prevention should be aimed at to avoid further rupture. The legs may be bandaged with special crêpe bandages, or elastic stockings worn; garters should never be worn and standing for a long time avoided. Persons suffering from hæmorrhoids should choose a vegetable diet and avoid all alcohol.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Farthing, Miss W. M. Appleton, Miss H. T. Inglis, Miss A. M. Douglas, Miss P. Thomson, Miss A. M. Cullen.

QUESTION FOR NEXT WEEK.

How would you treat (1) *asphyxia livida* and (2) *asphyxia pallida* in the newly-born infant?

OUR INTERNATIONAL PROSPECTS.

By LAVINIA L. DOCK, R.N.

From the beginning of the time when nurses met in international relations, there have always been present under the surface at these meetings, lurking shades cast by the political outlines of their nationalities. While these were so well concealed as to be only perceived by sensitive natures, still they were there.

There was always the latent rebellion of conquered and oppressed Ireland reflected in the back of the minds of true-hearted Irish nurses. There was the deep, though silent resentment that looked out at our Paris meeting, when Sister Agnes Karll impulsively offered a toast "To Peace," to which only the foreigners responded, and, again, at the Cologne meeting when, very quietly and unobtrusively, the French members stayed away.

There was evident, also, at that meeting, the dark shadow then cast by Czarist Russia over Finland. Even yet we do not know whether this shade will return, or whether Finland, herself, can be trusted not to harbour it. And there was present another shade that had its origin nearer home; for at the meeting there were negro nurses from the United States, refined, educated, professionally excellent, who enjoyed in that foreign environment, a personal respect and total absence of race prejudice which they were denied in the land of their birth. With the ending of the terrible war, it seems as if these shades were to become intensified, rather than banished for ever, and, in comparison with the high, almost exalted hopes first raised by the burst of popular idealism and longing for peace, and for an end of wars, the prospects opening before us are doubly depressing, as treaty terms expose their weak points.

For instance, we have always loved our Japanese members, but so do we also love the little Korean nurses, trained as they have been by Americans, and the fine, splendid Chinese women, who have come to us and to England, for their three years' training.

Now Korea and China both, have justifiable, unrectified grievances against Japan and, on the other hand, Japan has met at our hands a shameful denial of all our fine promises of world justice and democracy, in the refusal to recognise her racial equality. Can we easily again meet the Japanese nurses, so conscientious, unselfish, and sensitive as they are, without feeling ourselves to be Pharisees and hypocrites in the light of the elementary justice denied to them while their injustice to others is

winked at? What uphill work will not the German Free Sisters now have, if they try to resume international relationship! The horrors of "Schrecklichkeit" will dog their steps.

Is there, under such circumstances, much hope that our international meetings can, within a generation or more, succeed? And they were so inspiring, so delightful! Only in one case, and that a doubtful one. That is, that women institute a definite "strike" against man's old superstitions of hatred and vengeance—against his horrible idolatries of Moloch, Mars, and all their train. That they refuse longer to be overawed by them and guided by them. That they declare a spiritual independence, an intellectual emancipation of all those shades of the past, and assert their purpose to set and follow different standards. We were about to say new standards, yet there is one just two thousand years old, which is safe, and one cannot call it new. Just what was meant by the words, "Love your enemies"? Just who was Christ, and what place do we moderns really give to him? Do we believe his law of love was true, or just a fairy tale, or that he did not really mean it, and was really telling the world that it must keep on acting by the law of the jungle? It seems to us that the time is here, now, when sincere human beings, men and women, must take up a position in this respect, and maintain it.

QUEEN'S NURSES.

The twenty-ninth Annual Report of the Council of Queen Victoria's Jubilee Institute for Nurses to the Patron, Queen Alexandra, states that the year 1918 has been marked by steady progress in the many branches of public health work, and "the value attached to the work of the Nursing Associations has been shown by the readiness with which both Government departments and public authorities have availed themselves of the services of the nurses to assist in the various schemes. The Local Government Board grant for midwifery has given a great stimulus to the formation of new Nursing Associations in the sparsely-populated rural areas, and it is hoped that in the near future the services of a trained midwife may be available in every district."

This will be a boon to the rural districts, but we hope that Local Government Board (now the Ministry of Health) grants given to subsidise midwifery will be used exclusively for this purpose and not in support of unstandardised nursing.

It is interesting to learn that "the Irish Insurance Commissioners have decided to give grants of £80 cash, and an allowance for initial expenses, towards the support of eight Queen's Nurses in the West of Ireland; the Irish Local Government Board give a grant of £20, and the remainder of the money is collected locally. These Nurses are to be in connection with Lady Dudley's Scheme, and it is hoped that this arrangement may be the means of providing Nurses for districts where there is a great need for skilled Nursing Services."

patriotism of the Nurses did not free the Authorities from their obligations to see that the conditions under which the Nurses worked were satisfactory, so the spirit of service in the Nurses does not free the Nursing Associations from their obligation to see that the Nurses receive adequate remuneration." We are entirely in sympathy with this point of view.

A testimony to the work of the Nurses is that during the influenza epidemic it became almost a commonplace to hear that had it not been for the self-sacrificing care of the Nurses



FIRST PARTY OF CLINIC BABIES—CHATEAU ST ANNE, PIERREFONDS, FRANCE,
Miss C. C. du Sautoy, Chef de Section, and Lady Hermione Blackwood, right and left of doorway.

(In the lonely districts in the West of Ireland Lady Dudley has always maintained the standard demanded of fully-trained Queen's Nurses, i.e. three years' general training to which midwifery is added. If nurses can be found willing to serve in these lonely districts, then under suitable conditions of work and pay they could equally be found for similar posts in Great Britain.)

We learn from the report that the supply of Queen's Nurses is a serious problem, but it is hoped that many of the nurses released from war service will find their vocation in nursing people who are ill at home, but, "as the

many more lives must have been lost, and it is a matter of the deepest regret that nine of the Queen's Nurses themselves succumbed to the disease.

Of the nurses who resigned during 1918, 64 received "Leaving Badges," having completed a term of at least six years' service as Queen's Nurses, and 127 were awarded Certificates, having served not less than two years.

The term Queen's Nurse has come to be synonymous with a well-trained, practical, reliable, public health worker in connection both with the prevention and cure of disease.

BABY CLINIC DISTRICTS, FRANCE.

Speaking of Queen's Nurses reminds us of the excellent work being done by two former Queen's Nurses—Miss C. C. du Sautoy, Chef de Section, Service des Blessés et Réfugiés, Comité Britannique, Croix Rouge Française, and Lady Hermione Blackwood—in the devastated districts in France. We have received some charming pictures of their "party" day, for the mothers and babies who have attended their Baby Clinic at Chateau St. Anne, Pierrefonds, Oise, since it was started last January. The babies are wonderfully well, especially when the stress and storm of their pre-natal life is realised, and some were actually born during air raids.

The Clinic takes babies under three, and many mothers bring two and some three, as twins abound in the neighbourhood. Several women have walked eight kilometres week after week. Lorries are sent, turn about, to the villages to fetch them to the Clinic, but there are 36 villages to help, so the turn for each does not come very often, even though three lorries are generally sent each Saturday.

On the first party day, 52 mothers out of a possible 56 responded to the invitation and over 70 babies. On the second day there were 58 mothers out of a possible 62 and about 80 babies.

Each mother received a pound of rice, a tin of sardines, and a tin of milk, and each baby a coloured hair ribbon, six garments and a toy. Coffee with milk and sugar, and bread and jam were provided for the visitors.

Every baby was numbered on arrival, and before leaving each woman voted for the baby she considered the most beautiful, excluding her own. The babies chosen were beautiful specimens (French mothers know about babies). About twenty-five of the mothers had made every possible attendance, and they received special gifts.

DR. TRUBY KING TO SAVE POLAND'S BABIES.

Dr. Truby King has been invited to undertake a mission to Poland, to help the babies, by the Friends' War Victims Relief Committee, and leaves next week for Vienna. He will be accompanied by Miss Jentie B. N. Paterson, who has recently passed through the special course of training at the Babies of the Empire Centre, and is thoroughly acquainted with the scientific system of baby feeding taught and practised by Dr. Truby King. The unit is in charge of Lieut.-Colonel Goodall.

NURSING ECHOES.

The Lord Mayor of Newcastle (Mr. A. Munro Sutherland) presided recently at a public meeting in the Newcastle Town Hall, which was held for the purpose of inaugurating the "Edith Cavell Memorial Fund" for the Northern counties.

Sir Thomas Oliver (chairman of the Central Committee) paid a warm tribute to the work of the nurses, and said that, as far as he knew, nothing of a tangible nature had been done for them. It seemed to him that the time had come when an effort should be made to assist trained hospital nurses, medical and surgical, military and civil, who, through illness or age, were unable to follow their vocation, or who from other causes found themselves in need. Trained nurses, he said, were not so highly paid that out of their salaries they could save sufficient money to provide for old age and sickness.

Their proposition was that a fund should be established to provide annuities and gratuities to nurses who were in necessitous circumstances. The committee offered to such a fund £850 Victory War Loan as a lead-off. He was wishful that that public meeting should endorse the action and associate itself with the committee, which would pledge itself to raise—even in these trying times—additional funds, so that annuities of £20 to £30 may be given to benefit nurses, and gratuities of £10 to others.

On the motion of Sir Thomas Oliver, seconded by Dr. J. Wishart, it was unanimously agreed to establish an annuity and gratuity fund in memory of Nurse Edith Cavell for the benefit of nurses, who, through illness, age, or infirmity, were unfitted for further work.

We have no doubt that long ere this the Lord Mayor of Newcastle has been informed that nurses are being snowed under by charity funds, and that, as a community, they are becoming very apprehensive of this method of keeping them out of the workhouse. We seldom open a newspaper without being banged in the eye by flaring (paid for) advertisements of the Nation's Fund for Nurses, and the excuse advanced that skilled nursing is so poorly paid for, that trained nurses cannot save sufficient money to provide for old age, is accepting a thoroughly unsound economic condition, and encouraging persons using their services to do so at a sweated wage. We do not cavil at the impulse of charitably disposed

persons to help nurses financially in an emergency, but that they should calmly accept the present condition of affairs, and do nothing to place the trained nurse, as she ought to be, in a self-supporting and self-respecting position in the body politic, is, in our opinion, revolving in a vicious circle. All charitable schemes for trained nurses should be co-ordinated, and quietly managed by a responsible body, on which they themselves are represented. We note with regret, in connection with the Newcastle scheme, the usual list of titled patronesses, and collections from dances, etc. As we have said, we are being snowed under by charity, and it is cutting at the root of the financial stability of the profession.

Twelve to fourteen hours' work a day, without an interval for rest, is what the nurses under the Ongar Guardians have been doing. But now the Board have decided to increase their staff, if accommodation can be found.

The medical officer said eight hours a day was long enough.

Miss Annie Firth, with two friends, is opening a private nursing home at Devonian, Dane Hill, Torquay, at the end of the present month, where they will receive all kinds of cases, but hope to specialize in maternity work. We learn that the house is delightfully situated, fitted throughout with radiators as well as fireplaces, has two bathrooms, and all modern sanitary conveniences. The house is not far from the station, and in a sheltered position with sea views. Those who know the lovely colouring of Torquay realize what a delight these will be to invalids. All three ladies are fully trained nurses, and two certified midwives.

The Russian - Scandinavian Information Bureau reports :—

Owing to the Red Terror in Petrograd an epidemic of suicides has broken out. The chemists' shops have been prohibited from selling ammonia, as most of the suicides have been committed with this drug.

Even the Bolshevik papers are expressing alarm over the ever-increasing spread of the various epidemics which are raging in the town. All persons with a medical education, including Sisters of Mercy, are prohibited from leaving Petrograd under penalty of being shot without trial.

Although there is already a Nurses' Club in Dublin, organised by the Irish Nurses' Association, a further breach in nursing ranks is being occasioned by the Irish Branch of the College of Nursing, Ltd., starting another. This policy, inspired from London headquarters, of ignoring all that the Irish Nurses' Association has been doing for years for the union and co-operation of Irish nurses, is the determined policy of the College, and is one of its most objectionable attitudes. So far as plagiarism is concerned, whether it be in connection with State Registration or any other work, it is an unwritten law, that until thirty years after the pioneers dug, delved and planted, and the "anti's" realised they were being left, that nothing had been done for the organisation of the nursing profession. This attempt to grab the results of the brains and labour of others is, in our opinion, the most contemptible feature of the College policy. Failing to crush out the professional conscience and effort of the organised nurses' Associations—"come let us avail ourselves of the result, and assume they do not exist"—is their predatory war-cry, *vide* the Matrons' Council, whose constitution they lifted without a qualm!

We do not wonder that when the College Council adopted the same policy in connection with the National Council of Women's enquiry into the Economic Position of Nurses, that its spirited President did not hesitate to expose these reprehensible tactics in an interim report to the Council, at its annual meeting at Leicester. She did well to decline to be placed in a false and invidious position.

THE NATIONAL COUNCIL OF WOMEN AND THE ECONOMIC POSITION OF NURSES.

The National Council of Women has summoned a Conference for July 24th, to receive the Report of the Special Committee on the Economic Position of Nurses, in the drafting of which Mrs. Ogilvie Gordon, the President, and Dr. Crouch have taken great interest. In an interim report on this question, presented at the Annual Meeting at Leicester last month, it was stated :—

"In the desire to obtain some real insight into the conditions existing in hospitals, infirmaries, etc., an extremely comprehensive questionnaire was drawn up by the Special Committee, and circulated among the chief London and provincial hospitals, cottage hos-

pitals, infirmaries and hospitals controlled by the Metropolitan Asylums Board. This questionnaire has been termed by a section of the Nursing Press as *inquisitorial in character*, and to a certain extent that is true!

"Of the original number of questionnaires sent out, a third have been received back fully completed, which is a very remarkable amount, as the answering of each questionnaire entailed a large amount of work on the part of the Matron of each hospital to whom the questionnaire was addressed, and the Matrons of hospitals are by no means a leisured class. The Special Committee would like to take this opportunity of thanking the Matrons for the magnificent way in which the so-called 'inquisitorial' questionnaire was answered.

"The information obtained from the returned questionnaires has been remarkable. When the need of an enquiry was suggested at the Preliminary Conference called by the National Council of Women on February 18th, 1919, there was a general feeling that all was not well in the hospital world, and that such a feeling was justified will, I think, be amply proved by the evidence that will be published in the report."

ROYAL GARDEN PARTY FOR WAR WORKERS.

The King and Queen have announced their intention of inviting to an afternoon party at Buckingham Palace, on Friday, July 25, representatives of the various organizations which have rendered such conspicuous service during the war.

Invitations to this party have already been allotted and forwarded to the various headquarters of war workers' organizations.

HONOURS FOR NURSES.

At the Investiture held by the King at Buckingham Palace on July 17th, the following ladies were decorated:—

The Royal Red Cross.

SECOND CLASS.

Voluntary Aid Detachment.—Louise, Mrs. Scott-Bamford, Miss Mabel Capper, and Florence, Mrs. Spratt.

Australian Army Nursing Service.—Sister Elizabeth White.

Queen Alexandra received at Marlborough House the Members of the Military Nursing Services who had been awarded the Royal Red Cross.

WAR MEDALS.

The Committee on War Medals has issued its report. A Victory Medal is to be issued by all the Allies for all those who entered a theatre of war. There is also to be a British war medal on the same qualification.

BRITISH WAR MEDAL.

CONDITIONS OF AWARD.

An Army Order has been published describing the conditions of award of the British war medal, 1914-1919, which the King has granted "to record the bringing of the war to a successful conclusion, and the arduous services rendered by his Majesty's forces."

The medal in silver will be granted to the following classes who either entered a theatre of war on duty, or who left their places of residence and rendered approved service over seas, other than the waters dividing the different parts of the United Kingdom, between August 5, 1914, and November 11, 1918, both dates inclusive:—

(a) Officers, warrant officers, attested non-commissioned officers and men of the British Dominion, Colonial, and Indian military forces.

(b) Members of women formations who have been enrolled under a direct contract of service for service with his Majesty's Imperial Forces.

(c) All who served on staffs of military hospitals and all members of recognized organizations who actually handled sick and wounded.

(d) Members of duly recognized or authorized organizations.

(e) Enrolled and attested followers on the establishment of units of the Indian Army.

The medal in bronze will be granted to all British subjects who were enrolled in native labour corps units and who served in theatres of war.

The riband will be: Centre orange, watered, with stripes of white and black on each side and with borders of royal blue.

Instructions as to the submission of claims and the disposal of the medals will be issued in due course.

THE VICTORY MEDAL.

We are pleased to note that members of women's formations, such as the French Flag Nursing Corps, the Scottish Women's Hospitals, &c., are presumably eligible for the Victory Medal of the Allies, as the first-class work performed for sick and wounded by these volunteers has so far been excluded by our War Office from the recognition it deserves.

ENSEIGNES DE SERVICE.

Many French Flag Nursing Sisters have recently received the "Enseignes de Service" with Citations, from the French War Office, in recognition of their long and faithful service. A notification of this honour awaits Miss Lilian Grier Graham, whose present address is unknown, at 431, Oxford Street, London, W.

Royal British Nurses' Association.



(Incorporated by

Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

The Organisation of Public Health Work in New Zealand, with Special Relation to the Society for Health of Women and Children.

Miss Patrick, Superintendent of the Training Centre of the Babies of the Empire Society, lectured on Saturday, July 12th, for the Association of Trained Nurses in Public Health Work. As the Queen visited the Centre on the same day, Miss Patrick was compelled to postpone the hour for her lecture, and previous to her arrival, Miss Jentie Paterson, who had kindly consented to take the Chair at the meeting gave a very interesting account of the work done at the training centre.

In commencing her lecture Miss Patrick said that it must be clearly understood that she could not in any way attempt to solve the whole problem of the difficulties associated with Public Health work, but she would give a summary of the situation in New Zealand and some account of the success which had attended the direct effort to lower the infant mortality rate and to assure a higher standard of health in the whole community.

Miss Patrick said that her three strong reasons for quoting the New Zealand system for lowering infant mortality were: (1) that there is a general system of State Registration of Trained Nurses there;* (2) there is a Registration of Midwives; (3) there are Government Maternity Hospitals; (4) there is a supervision and inspection of Homes and Hostels for Children; and (5) there is a registration of all births. All these conditions, as Miss Patrick remarked, have not yet been established in the Mother Country.

In 1907 the Society for the Health of Women and Children in New Zealand was established. It commenced its work first in the city of Dunedin, where the infant death rate at that time was 80 per 1,000. In five years it had fallen to its present rate—40 per 1,000. Previous to 1907 the general infant death rate in New Zealand had been 75 per 1,000 and now it is only 48 per 1,000. Miss Patrick

then read the Aims and Objects of the Society for the Health of Women and Children. The Society has branches all over the two islands. Such branches are formed by local Executive Committees numbering from fifteen to twenty members, who are representative of all classes of the community. They are all composed of women, but each committee has an advisory board of men; there is a Central Council in Dunedin. All nurses are trained at the same training school—the Karitane Baby Hospital in Dunedin—and in this way uniform teaching is assured. Only registered nurses are accepted, as Plunket nurses, and the special training given to them extends to three months.

The treatment at the hospital is very simple and mainly preventive; so far as fresh air is concerned the conditions are almost those of an open-air phthisis sanatorium. To avoid chills great attention is given to systematic bedmaking, on lines equivalent to providing sleeping-bags, whereby the babies are kept warm and comfortable while the action of their babies' muscles is not hampered in any way. Feeding is done on the so-called "percentage lines," all milk modifications being accurately made by the nurses undergoing training who have to attain proficiency in making quickly their percentage calculations and who have to master the meaning, bearing and practical everyday use of simple food values and caloric estimation.

The main duty of the Society's nurse is to educate parents in the hygiene of the home. Her work is co-ordinated with the notification of births and she visits the mother and child after the birth and whenever necessary. She has a central office where the mother comes to have her baby weighed and to get advice. The work of the Plunket nurse is entirely apart from district nursing, and her foremost duty is to impress the mothers with the importance of breast feeding and to make every endeavour to have it established. The services of the nurses are absolutely free to all who require them. Local Committees hold themselves responsible for the necessary funds and the Government subsidise all voluntary subscriptions up to 24s. in the £; expenses are kept at a minimum through the co-operation of Government departments and local authorities.

* The Bill was passed so long ago as 1901.—ED.

The difficulties have proved to be many and the problems complex, but co-ordinated effort can accomplish much. When we were asked to start a Babies' Hospital in London, said Miss Patrick, we were told to be prepared for special difficulties such as we had not experienced in New Zealand. We were told we might overcome to a great extent the problems of infant feeding but we would have special difficulty with respiratory diseases, and that we should not, owing to climatic conditions, be able to let the babies have fresh air all the time. However I have found that the difficulties in London have been much the same as those in New Zealand; we have overcome them in exactly the same way. The death rate in the first year in the Infant Hospital here has been under one per cent. The same degree of success has attended our work in connection with mothers admitted to establish or re-establish breast feeding. A wide field is open to nurses in Public Health work, and no branch calls more insistently for the well-trained, tactful and understanding nurse. All of us know the discouraging aspects of ordinary sick nursing of infants, and all of us can recall instances when we have worked untiringly to save some child's life while realising that we were powerless to touch the conditions which have brought the child to hospital, and that any day, after it has been cured and sent home, the child may return to the hospital because of the conditions referred to. How much more satisfying it is to feel that you are doing work not only to cure pain but to prevent its occurrence. We all realise how the interest of the family centres on the baby, and just in the same way the interest of the whole community could easily be centred on the welfare of babies.

The first and last word to be said regarding the special health mission undertaken by the women of New Zealand in the interests of Motherhood is that from start to finish it has been an educational work for mutual helpfulness. They have spared no pains first to acquire and then to disseminate knowledge; they have realised that high standards are just as necessary for one class as another; that so far as motherhood and babyhood are concerned there is as much need for reform in the upper classes as there is among the so-called poor and ignorant. This should be attained by co-operation and education and not by patronage and charity.

We regret that we are unable to publish the very interesting discussion which took place after the lecture; at its close Miss Paterson proposed a vote of thanks to Miss Patrick for her valuable paper, and this was warmly responded to.

MEETING OF THE GENERAL COUNCIL.

A Meeting of the General Council was held on July 17th. The Report of the Treasurer showed a satisfactory balance in the various Funds, and that of the Hon. Secretary stated that since the last Meeting of the Council, 172 nurses had had their names placed on the Register, while one

Medical man and 94 nurses had been elected Members. Two resignations from Membership and the death of one Member were reported, and the remainder of the Report dealt chiefly with the position as regards State Registration. The Hon. Officers were re-elected, and the following were elected to fill vacancies on the Executive Committee:—Mr. Carson, Lieut.-Colonel Goodall, Dr. Maxwell Simpson, Dr. Whittick, Miss Bickerton, R.R.C., Miss Bryson, Miss Cutler, Miss Hulme, Miss Villiers, Mrs. Glover, Miss Cave-Browne-Cave, Miss Cobbett, and Miss Le Geyt.

After transacting business connected with the Registration Bill and other matters arising from correspondence the Meeting terminated.

R.B.N.A. MEMBERS AT HOME.

Members of the Association and of the Organised Societies of Nurses are invited to tea at 10, Orchard Street, on Saturday, August 2nd, from 3 to 6 p.m., and we shall be very pleased if any of the Members care to bring friends who are also trained nurses. This will be the last gathering of the Members before the holidays.

TRAINED NURSES' ANNUITY FUND.

It has been proposed by members of the Association that we should have a Sale of Work for the Trained Nurses' Annuity Fund late in November. Such sales have been held from time to time for this particular Fund, and we think that Members of the Association will very willingly co-operate in trying to make that which is to take place in the autumn a success. It will not be held in any sense as a public function, but we hope that the Members will do what they can to interest their friends in it, as we are anxious to meet at the earliest possible moment the claims of those who are still on the waiting list for annuities. Money arising from the Sale will be placed towards the Princess Christian Annuities for aged and sick nurses. It was originally proposed by Members to have the Sale at 10, Orchard Street, but Mrs. Price has very kindly said that she will arrange to have it at 67, Eaton Place. We thank those who have so generously given to the Annuity Fund since it was affiliated with the Benevolent Funds of their own Association. Since we decided late last autumn to found a "Princess Christian Annuity," £721 has been collected, but the Members of the Royal British Nurses' Association are only to a certain extent responsible for the success of the new Annuities to be connected with the name of their gracious President, because the Chairman of the T.N.A.F.—Mr. Montagu Price, D.L.—and some of his friends gave very practical support by contributing a sum of £270 towards them. The sum of £500 is required for each Annuity, so that if the Nurses will give pieces of needlework (a craft in which so many of them excel) or other work, we may hope to complete the amount required for a second Annuity before the close of the year.

(Signed) ISABEL MACDONALD,
Secretary to the Corporation.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

THE COURAGE THAT NEVER IS DEFEATED.

"To go on for ever and fail—and go on again."

"To feel, in the ink of the slough,
And the sink of the mire,
Veins of glory and fire
Run through and transpire and transpire,
And a secret purpose of glory in every part,
And the answering glory of battle fill my heart;
To thrill with the joy of girded men,
To go on for ever and fail and go on again,
And be mauled to the earth and arise,
And contend for the shade of a word and a thing not
seen with the eyes:
With the half of a broken hope for a pillow at night,
That somehow the right is the right,
And the smooth shall bloom from the rough."

ANNUAL MEETING.

There was an atmosphere of elation about the Annual Meeting of the Society for the State Registration of Trained Nurses at 11, Chandos Street, London, W., on July 17th, for it marked another milestone passed on the long, long road to the goal of State Registration.

Though the members were naturally indignant that the mean and jealous policy of the Council of the College of Nursing, Ltd., had so far prevented the Report stage of the Central Committee's Bill going through, when, owing to the good fortune of the ballot, the Bill—after so many years of patient and arduous work—had got its chance at last, there was the other side of the picture. The Government was pledged to introduce a measure providing for the registration of nurses at the earliest possible time. The pioneers are building not for the present but for the future; for the protection of the sick, and for the organisation of the nursing profession. It was therefore a grand triumph that the cause for which they had worked in the face of such bitter hostility, for so many years, from hospital governors and reactionary Matrons in their service, had received the Government imprimatur.

Hospital Governors and Matrons at a meeting at St. Thomas' Hospital, had in the past "declined to enter on any further consideration of the subject." They had been *compelled* to consider the subject further, and had capitulated at discretion.

The Central Hospital Council for London had declared uncompromising hostility to *any* form of State Registration for Nurses. Now, even the anti-registration ramparts round the London Hospital had fallen, and we had the extraordinary spectacle of the arch-protagonist of anti-registration, from his place in the House of Lords, begging the House to pass the second reading of a Nurses' Registration Bill, because he was "quite convinced it would be for the benefit of nursing."

Those who took part in the meeting realised that the campaign had now entered upon a new

phase. With the pledge given by the Minister of Health on behalf of the Government, the responsibility for drafting a just Bill was transferred from the Central Committee to the Government. Right nobly has the Committee to which the Society is affiliated held the standard aloft. Nor will it relax its efforts to obtain a just Bill until a Nurses' Registration Act is placed on the Statute Book. But the initiative is now with the Government, and the meeting, in sending a Resolution of thanks to Dr. Addison, Minister of Health, assured him that he could rely upon the women who had worked so long to promote the cause of Nurses' Registration, to give him all the support and help in their power to secure the passage into law of a just Bill. For, if a just Bill is secured, their object will have been attained, and the jealousy which was prepared to stop at nothing so that the Central Committee's Bill could be wrecked, and which was so marked as even to arouse comment in the House of Commons, will have failed to injure the cause of nursing progress.

THE ANNUAL REPORT.

The Seventeenth Annual Report of the Society dealt principally with the fortunes of the Nurses' Registration Bill, the loss of the services of Major Chapple, owing to the vicissitudes of the General Election, the kind consent of Major Sir Samuel Scott to take charge of the Bill, and the dramatic change in the situation owing to the good fortune of Major Barnett in the ballot, and his willingness to utilise it to bring in the Nurses' Registration Bill. It recorded the phenomenal success of the Bill on its second reading in the House of Commons, and that it came through the Committee stage, having been amended with the help of the President of the Local Government Board, but with all its basic principles intact.

Then came the agitation of the Council of the College of Nursing, Ltd., for the wrecking of the Bill in the House of Commons, despite the fact that its own Bill had secured a second reading in the House of Lords on the understanding that the Central Committee's Bill would reach that House shortly after Whitsuntide, and the two Bills could then be considered together. The organised opposition in the House of Commons on the Report stage, led by Mr. Leonard Lyle and a group of Manchester members, was touched upon, and the promise of the Minister of Health, on the first day that he took his seat in that capacity, of a Government Measure dealing with the State Registration of Nurses.

Lastly, the Report showed that the propaganda had been generously supported by the members, and that when it was notified in the official organ of the Society—THE BRITISH JOURNAL OF NURSING—that further financial support was needed at this crisis, donations were sent not only by nurses in the United Kingdom, but, in due course, from nurses with the Expeditionary Force in France, the Italian Expeditionary Force, the South African General Hospital (Expeditionary Force),

from Florence, Switzerland, Salonika, British East Africa, Natal, Basutoland and Uganda.

The Report concluded with the hope that before the members met next year the promise of the Minister of Health would have been fulfilled, and a Nurses' Registration Act might be inscribed on the Statute Book of these Realms.

The Report was then adopted.

THE FINANCIAL STATEMENT.

The Chairman then presented the Financial Statement, which showed a balance at the bank of £96 4s. 2d., and explained that all the money given to the Society went to support the campaign. None was spent in salaries or office expenses of the Society. The Parliamentary campaign of the Society had been very active, and the unprincipled misstatements circulated by the College of Nursing, Ltd., had to be contradicted.

One was that the Central Committee's Bill was only supported by 4,000 nurses. The membership of the Societies of Nurses supporting that Bill was well over 15,000 free nurses—organised nurses who were not to be coerced.

The Report was adopted.

Miss M. F. Rimmer congratulated the Committee on the amount of work accomplished, and pointed out that it could not fight an opposition largely financed by charity without adequate funds. She asked whether a collection might not be taken at the meeting, some of those at the end of the room (from which she spoke) were desirous of contributing.

Miss E. B. Kingsford said what had impressed her most in the financial report, had been the extraordinary amount of work done on an expenditure of £120.

The Chairman said there could only be one answer to Miss Rimmer's request from those responsible for the finances of the Society. A voluminous report had been compiled, covering the period of the war, and also a summary of the history of the State Registration movement since the foundation of the Society in 1902. It was important this should be printed, and the cost of printing was almost prohibitive. She would be very pleased to receive contributions for this purpose.

The Financial Statement was then adopted.

ELECTION OF EXECUTIVE COMMITTEE.

The Executive Committee for the ensuing year was then elected, the new members being Miss Alice Reeves, R.R.C., President of the Irish Nurses' Association, and Miss Isabel Macdonald, Secretary of the Royal British Nurses' Association.

VOTES OF THANKS.

The next business was the consideration of votes of thanks for great services rendered to the cause of Nurses' Registration.

I.

The Society for the State Registration of Trained Nurses desires to express to the Right Hon. the Lord Amphill, G.C.I.E., G.C.S.I., its sincere thanks for his great services in the House of Lords to the cause of

Nurses' Registration, and trusts that his work for the benefit of the public and for trained nurses, may be speedily completed by the passage into law of the Government measure promised by the Minister of Health.

Miss M. Heather Bigg, R.R.C., President of the Matrons' Council, in moving the above said, that we all knew Lord Amphill to be one of our best and truest friends, and he had once more proved it when he moved the rejection of the Second Reading of the Nurses' Registration Bill, promoted by the College of Nursing, Ltd., and introduced by Lord Goschen in the House of Lords. We all felt that but for the College, a Nurses' Registration Act would now be on the Statute Book. A great movement had been put back by a small body of employed Matrons who were not free agents.

Miss Cutler, Hon. Secretary of the National Council of Trained Nurses, said it was a great pleasure to second this vote of thanks. We all realised what Lord Amphill had done for the Nurses' Registration Cause in the House of Lords.

II.

The Society for the State Registration of Trained Nurses desires to express to Major Barnett, M.P., its sincere thanks for his great services in the House of Commons to the cause of Nurses' Registration, and trusts that his work for the public benefit, and for trained nurses, may speedily be completed by the passage into law of the Government Measure promised by the Minister of Health.

The second vote of thanks was very happily moved and seconded by two of Major Barnett's constituents and supporters, Miss Beatrice Kent and Miss A. E. Hulme.

Mrs. Bedford Fenwick in supporting the resolution from the chair said she had never worked with any man who had taken more trouble to understand the question, or who, with the greatest courtesy, had stuck to his guns with greater firmness.

III.

The Society for the State Registration of Trained Nurses desires to convey to the British Medical Association its grateful thanks for the support it has given to trained nurses in their struggle for the organisation of their profession by the State, through the Nurses' Registration Bill promoted by the Central Committee for the State Registration of Nurses, and especially for its active support throughout the kingdom while this Bill is before the House of Commons.

This was moved by Miss Isabel Macdonald, and seconded by Miss M. Breay. The speakers emphasised the points that the British Medical Association had from the beginning, supported the principle of Nurses' Registration, and the pleasure it was to Nurses, who, in co-operation with medical practitioners had fought and won many a hard fight at the bedside of the patient, to have their advice and assistance outside the sick room, in the organisation of their profession.

IV.

The Society for the State Registration of Trained Nurses desires to express its sincere thanks to the President and Members of the National Council of

Women of Great Britain and Ireland, for their support at their recent Annual Meeting at Leicester of the Nurses' Registration Bill, promoted by the Central Committee for the State Registration of Nurses, a Bill which incorporates principles held by the organised Societies of Nurses to be of vital importance in any Act for the organisation of nursing education and the government of their profession, and hopes the National Council of Women will continue its interest in this question of national importance.

It trusts that the promise given by the Minister of Health, in the House of Commons on June 27th, that he will undertake at the earliest possible time, on behalf of the Government, to introduce a measure providing for the Registration of Nurses will speedily result in the passage into law of a just Nurses' Registration Bill.

The last vote of thanks was happily moved by Miss Helen Pearce, who, on behalf of the National Union of Trained Nurses, had moved the Resolution referred to. Miss Pearce said it was a great pleasure to nurses, at such a critical time, to have the backing of the most important body of women in the kingdom.

Miss Rimmer, who seconded, characterized the Leicester resolution as a magnificent indication of the trend of public opinion.

RESOLUTION I.

The first resolution was moved from the Chair :

The Society for the State Registration of Trained Nurses, in Annual Meeting assembled, desires to place on record its emphatic condemnation of the action taken by the Council of the College of Nursing, Ltd., to wreck the Nurses' Registration Bill, promoted by the Central Committee, after it had passed its Second Reading and Grand Committee Stages with approval and support from all sections of the House of Commons.

The College of Nursing, Ltd., which persuaded nurses to join it by promising to obtain Registration for them by Act of Parliament, induced many of these members, by most inaccurate statements, to persuade Members of Parliament to wreck the Nurses' Registration Bill; which policy was adopted by a group of Manchester members associated with Mr. Leonard Lyle, who gave notice of a number of contentious amendments, on the Report Stage, calculated to obstruct the Third Reading of the Bill and prevent its being sent to the House of Lords.

This Meeting urges the Minister of Health to bring in the Government Bill for the State Registration of Nurses, to which he is pledged, without delay, so that trained nurses may be protected from the autocratic control of Voluntary Hospital Governors, who have persistently opposed the organisation of Trained Nursing by the State, and are primarily responsible for the present lack of efficient nursing education, and for the overwork, and unjust economic conditions of nurses.

In moving this resolution the President (Mrs. Bedford Fenwick) said that it was rather comprehensive. It first dealt with the very natural indignation felt by the members that after the Central Committee for the State Registration of Nurses had drafted a Bill with that object, an upstart Council of Employers, using Matrons as their agents, and Nurses as their pawns, had adopted a policy designed to wreck this great emancipation measure.

The power behind this Council was that of money and social influence. Such influence

might be used for the benefit of the country, but when it came to a number of laymen becoming incorporated as the College of Nursing, Ltd., its aim being to control the whole nursing profession, then this influence was not good, but evil, and abuses resulting from this reactionary policy must be swept away, if not through evolution, then through revolution.

Mrs. Fenwick described the fight of those promoting the State Registration cause, extending over thirty years, and how, owing to the antiquated procedure in our wonderful Mother of Parliaments it had been impossible for a private member's Bill to be discussed.

She referred to the good fortune of the Nurses' Bill this session, to the action of the Council of the College of Nursing, Ltd., in trying to get the tyrannical clauses of its Bill substituted for the enlightened and liberal provisions of the Central Committee's Bill, and the line taken by Mr. Leonard Lyle, Chairman of a Nurse Training School, in Committee, who regarded the question from the Olympian altitude of the employer, and did not hesitate to insult the organised societies of nurses, whose independence and power he feared, and meant to suppress if possible.

The College later introduced its rival Bill into the House of Lords, and the campaign to compel the withdrawal of the Central Committee's Bill from the Commons, so that the coast would be clear for the College Bill; and upon Major Barnett refusing to commit hari-kari, the mandate from Manchester to wreck the Bill—a policy which had been carried out, so far, by the Manchester group of M.P.s, who had flooded the Order Paper with contentious and camouflaged amendments, to which no sane Parliament would consent, and bored the House with long-winded and irrelevant speeches so as to waste precious time.

Dr. Addison took an active part in the proceedings in the Committee Stage, but, unfortunately, amendments disconcerting to the Government were subsequently put down.

Since July 4th, when the Report Stage was again taken in the House of Commons, the Executive Committee had conferred with the Permanent Secretary to the Ministry of Health, Sir Robert Morant, and handed in the minimum demands of principles which must be incorporated in any measure receiving the Committee's support, including self-government for nurses, an independent Statutory Body, a State examination, and an appeal for nurses summoned to appear before the Council, to the High Courts.

Members of the Society must exert all the influence they possibly could in support of a just Bill. They wanted a Bill which was just to the worker, not a Bill drafted in the interests of Hospital Governors, who had exercised absolute power too long, and who knew little of nursing education. They had had ample evidence of the type of control likely to be enforced in such a Bill dealing with their discipline, economic status, and education, if left to the tender mercies of

the College of Nursing, Ltd. The Petitions it had issued in regard to the Nurses' Bill were disgraceful documents, purposely calculated to mislead our legislators, and the people who drafted them were not fit to govern working women.

It was a tragedy that a few interested men were able, owing to Parliamentary procedure, to wrench from registrationists the fruit of their expert knowledge and public spirited devotion.

In this connection it was to be noted that Mr. Leonard Lyle was widely advertising in the Press the fact that he intended to give his first year's salary (£400) as Member of Parliament, to provide comforts for the nurses of the hospital of which he was chairman. The nurses taxed to pay this salary might well object to finding funds to keep men in Parliament of whose conduct they strongly disapproved. Mrs. Fenwick suggested that the constituencies should pay for their own Members; it was most unjust that nurses should have to find the money for the wreckers of their Bill. Let the constituencies pay for their own Bolshevics. Mrs. Fenwick read a letter from a Manchester nurse proposing that, should a general election take place before the Government Bill was introduced, we should be ready for an organized attack against the re-election of the gentlemen who had shown themselves to be our determined enemies.

The Resolution did not require a seconder, but the support and opinion of the meeting was invited.

Several members spoke in support of the resolution, and a Nursing Sister, home from France, who, in an admirable maiden speech, wished the Bill every success, aroused cries of "Shame" by her statement that she had received papers advising her to join the College of Nursing, Ltd., while there, and been informed that she would not get posts if she did not do so.

The Resolution was carried unanimously.

RESOLUTION II.

The next resolution was moved by Miss Margaret Huxley and seconded by Miss E. T. Bickerton, R.R.C.

The Society for the State Registration of Trained Nurses desires to thank the Minister of Health for his promise to bring in a Government measure providing for the State Registration of Nurses, and assures him that he may rely upon the women who have worked for so long—in the face of implacable opposition—to obtain this reform, to give him all the support and help in their power to secure the passage into law of a just Bill.

Miss Huxley said that it gave her great pleasure to move the Resolution. She thought that we might trust Dr. Addison and believe that he understood the necessities of the case, and Miss Bickerton said we all believed that he would carry out his pledge and bring in a Government Bill.

Mrs. Bedford Fenwick, who supported the Resolution from the chair, said that under present conditions a Bill to which there was opposition

could not be passed into law without the support of the Government. She appealed to the members of the Society to do all in their power to help the Government to draft and carry through a just Bill. Let everyone think what she could do.

The Resolution was carried unanimously.

NEW VICE-PRESIDENTS.

Mrs. Fenwick then proposed from the chair, and it was unanimously agreed that Mr. Herbert Paterson, Medical Hon. Secretary of the Royal British Nurses' Association, and Dr. McGregor Robertson, President of the Scottish Nurses' Association, should be invited to accept the office of Vice-President. Nurses owed a deep debt of gratitude to both these gentlemen for their fearless and most able advocacy of their cause.

The meeting concluded with a cordial vote of thanks to the chairman for so ably taking the chair, for her most interesting speech, and for her indefatigable work for the Nurses' Registration cause.

The collection taken at the close of the meeting in accordance with Miss Rimmer's practical suggestion, resulted in £6 being contributed towards the printing of the Society's report.

MARGARET BREAY, *Hon. Secretary.*

APPOINTMENTS.

MATRON.

Royal South Hants Hospital, Southampton.—Miss L. M. Jenkins, A.R.R.C., has been appointed Matron. She was trained at Guy's Hospital, and has been Sister at the Borough Hospital, Bootle, and at the Cancer Hospital, London; Home Sister at the Park Hospital, Hither Green; Assistant Matron at the Royal South Hants Hospital; and on active service on Q.A.I.M.N.S. (R.) in France 4½ years. Miss Jenkins holds the certificates of the Central Midwives' Board, and of the Incorporated Society of Trained Masseuse, so that it will be seen she is a highly qualified woman in every branch of her profession.

London Fever Hospital, Liverpool Road, Islington, N.—Miss M. Annesley Balme has been appointed Matron. She was trained in a Liverpool Hospital and has held the position of Staff Nurse and Sister in Mr. Barling's Private Hospital, Birmingham, the Royal Infirmary, Sheffield, and the Cancer Hospital, Glasgow, of Assistant Matron at the Belvedere City Hospital, Glasgow, and of Matron at the Wharfedale Joint Hospital, Merston, and the Borough Hospital, Bournemouth.

ASSISTANT MATRON.

London Fever Hospital, Liverpool Road, Islington, N.—Miss D. Jones has been appointed Assistant Matron Housekeeper. She was trained at Isleworth Infirmary, where she has also held the position of House Sister and Temporary Assistant Matron.

MASSAGE SISTER.

London Homoeopathic Hospital, W.C.—Miss E. Cummins has been appointed Massage Sister. She was trained at Brownlow Hill Infirmary, Liverpool.

THE HOSPITAL WORLD.

The W.A.A.C.s are to be congratulated on now having their own hospital, arranged in a delightful country house of five rooms, surrounded by lovely gardens and splendid old trees, at Isleworth. The first sick W.A.A.C.s went there in January during the influenza epidemic, and ever since its pleasant wards have been filled with medical and surgical cases from overseas.

There are four fine wards on the ground floor, and smaller rooms for offices, and commodious quarters for the home staff.

We are to have an American hospital in London for Great Britain in commemoration of the co-operation of the medical men of the United States and of Great Britain during the European War, and to strengthen the friendship existing between the two nations.

At present there is no hospital conducted after the American system, where the American in Great Britain can be cared for after the manner of his own land. When Americans come to Europe for specialised and advanced medical study and research, London has not in the past formed one of their centres. Yet the wealth of clinical material offered by the London medical schools is unequalled by that of any other city in Europe. That is the unanimous verdict of 200 American medical officers who have been working in London during the past six months. The American medical man is likely to visit Europe more frequently in the future than in the past. This hospital will be his head-quarters in London—more than that, it would be his medical home.

No doubt American nurses will staff the hospital, and we shall have an opportunity of exchanging methods and systems of nursing with them—to our mutual advantage.

At the annual Court of Governors of St. Thomas's Hospital attention was called to the serious financial position in which the hospital stands at the conclusion of the war. There is a very heavy overdraft at the bankers, and in the past year, during which the average number of patients in the wards daily was 851, of whom 460 were military cases, the expenditure exceeded the income by £26,107. There has been a noteworthy fall in the receipts from legacies, only £586 having been received in 1918.

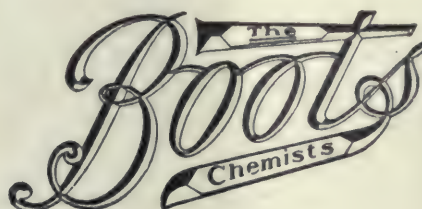
An exhibition of "Stray Bits in Water-colour," by F. Amica de Biden Footner, now being held at the Kensington Fine Art Gallery, 26, Alfred Place, S.W. 7, to which admission is free, includes several portraits of Florence Nightingale, painted shortly before her death, and now shewn to the public for the first time.

A VERY WELCOME VISITOR.

"A lady called to see you this afternoon, and has left her card," Miss Gardner, 2, Angell Street, Providence, U.S.A., I read, and inscribed in her own handwriting were a few words to the intent that she would call again on the chance of finding me at home. How kind, I mused, to take the trouble to call twice upon someone whom she has never seen. I awaited her arrival with sincere pleasure. Our acquaintance had been through the medium of pen and ink only; this was the shadow of the coming event of a personal acquaintance. Miss Mary S. Gardner, R.N., is one of the leading women of the Nursing Profession in the States; she is a native of New England, and was for some time the Superintendent of the District Nursing Association of Providence, Rhode Island; also President of the National Organisation of Public Health Nursing from 1913-1916. In this department she is an expert, and the valuable knowledge she possesses has been given to the public in the form of her interesting and instructive book, "Public Health Nursing," containing an introduction by Miss Adelaide Nutting, R.N., Professor of Nursing and Health, at Teachers' College, Columbia University, New York. The *rapprochement* of Great Britain and the United States is now so close and intimate that I feel justified in taking it for granted that our Nurses—many of whom have nursed side by side with our American sisters during the last eighteen months of the war—will be interested to hear something of the war service rendered by one of America's distinguished nurses.

The late Miss Jane A. Delano spoke thus of her soon after America joined the Allies in the war:—"Quite recently there has come into the Red Cross Organisation one who has stood for years for all that is best in Public Health work, and who is recognised by all as a woman of rare judgment, broad vision and unusual organising ability, Mary S. Gardner, of Providence, Rhode Island." She was appointed director of the Bureau of Public Health Nursing of the American Red Cross. Early in September last she was temporarily relieved of her duties at Headquarters and put in charge of a special group of sixteen nurses who were sent to Italy for public health and tuberculosis work in that country, to serve under the Red Cross Commission already there. It is worthy of note and grateful recognition that our Allies organised a splendid system of nursing assistance to the civilians of the various countries at war with Germany. Besides Italy, Commissions were sent to Russia, Greece, France and Palestine. They brought order out of chaos, looked after the women and children and organised Infant Welfare, and taught them to help themselves. It must be remembered that all these countries are far behind England and America, and the war must have given them a realisation of their great need of expert knowledge of matters pertaining to health better than anything else could have done. A

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sharp knock at my door interrupts my contemplations, and my visitor is ushered in.

"You are only in England for ten days, and yet you take the trouble to call twice to see me; it is indeed kind of you," I said; and over a cup of American postum—that delicious drink which serves the purpose of coffee, but which is something much nicer—she told what she had been doing in Italy. To organise the country into a great number of sections, each presided over by a nurse of her group, in order to carry on an active Public Health Campaign in all parts of the country must have been a herculean task, but she modestly asserted that nothing very great had been accomplished.

Miss Gardner was wearing the simple but attractive uniform with which we in this country are so familiar. The symbolic winged lion of St. Mark of Venice—gold, on a field of scarlet cloth, worn as a brazard on her left arm, denoted the public health service of Italy.

"You see," she said, "the Italians are so backward, and trained nursing is practically nowhere, the people are so ignorant; moreover the Italian mind looks at things from a totally different standpoint from ourselves, it will be long before they make much progress; all we could do was to teach them and give them some guidance for helping themselves." And surely better work could not have been done in the short space of eight or nine months. It has apparently already borne fruit; for we hear that a suggestion has been made by the Italian Government to the American Red Cross Commission in Italy (we do not know whether it is there at the time of writing) that a National Association of Nurses be organised—a very encouraging sign. Being a "picker up of learning's crumbs," I asked many questions, and then Miss Gardner reversed the proceeding, and asked me to tell her about our Registration Bill and its prospects of success in the House. She was astonished and very sympathetic when I told her—as I was obliged to do in this connection—that the Council of the College of Nursing, Ltd., was working to wreck it. This advanced and liberal-minded woman was hardly able to realise such an incredible situation. Miss Gardner did not intend to be idle, even during her short holiday in this country; she went the following day to Edinburgh to see the Royal Victoria Hospital for Consumption and the excellent system of anti-tuberculosis work carried on there, with which the name of Dr. Philip will be for ever remembered. I parted with my enlightened friend at the door of her hotel, with the hope that there will soon be another International Gathering of Trained Nurses, which will bring us all together again to our mutual advantage.

BEATRICE KENT.

The members of the Ladies' Army and Navy Club have just completed the payment of £1,000 for the endowment of a bed at the Star and Garter Hospital.

BOOK OF THE WEEK.

"CONSEQUENCES."

This book is a really remarkable psychological study of a child who eventually grew into a young woman.

We say it is remarkable because, though unusual, it is written dispassionately, and keeps within the bounds of probability.

Alex was one of the several children of Lady Isabel Clare, a somewhat dominant and overbearing personality. Alex was as unpopular in her nursery as she was destined to be in her later years. "She knew she was her mother's favourite because she was the eldest, and was often sent for to the drawing-room when people were there. Barbara was, of course, too ugly to go much to the drawing-room. Alex would toss her own mane of silky down curls, and draw herself up conceitedly as she thought of Barbara's pale face and attenuated ringlets."

The nursery life of these society children is realistically portrayed. Lady Isabel was a languid, sweet-tempered woman, who omitted to sound her g's, and said as little of her children as many other women of her class.

Sir Francis was a stern man, who took a serious view of Alex's many misdemeanours, which were never minimised by old Nurse. Her culminating crime was her insistence that little Barbara should "be the famous tight-rope dancer, crossing the Falls of Niagara." As this performance ended in a serious accident to the little dancer, Sir Francis decreed that it was time that Alex went to school. She was sent to a convent school at Liège.

"At this period Alex despised herself, both for her intense craving for affection and for her prodigality in bestowing it. She was like a child endeavouring to pour a great pailful of water into a very little cup."

Poor Alex was no more popular with the nuns than she had been in her own nursery. Her undisciplined affection for Queenie Torrance drew the disapprobation of these good ladies on her head, and a bad report followed her home in the holidays.

Lady Isabel voiced the disapproval of both parents.

"Well, darling, both father and I are very much disgusted with some of the tricks you've picked up at the convent, and you'll have to find some way of curin' yourself before you come out. As for the way you're holdin' yourself, I'm simply shocked at it, and so is your father."

Lady Isabel gazed with dissatisfaction at her daughter. "You mustn't be a disappointment to us, darling," she said. She gently and firmly

* By E. M. Delafield. Hodder & Stoughton, London.

refused Alex's request that the beloved Queenie might be asked to her home. She was not in Lady Isabel's set.

"My dear child, you're old enough to know that these things are not done; besides, I have already said 'No.'"

Alex watched her as she went downstairs, trailing her evening dress. Then she broke into sobs and ran away upstairs.

"Mother had not understood in the very least. She never understood, never would understand. No one understood."

Alex felt, as so often, that she would barter everything she possessed for the finding of someone who would understand.

In her first season she met Queenie at a ball, and had the satisfaction of hearing Sir Francis pronounce her "beautiful."

"A pity," he said, deliberately, "that she is not altogether—" and raised his grizzled eyebrows.

Alex's engagement to Noel Cardew was yet another failure in her career. The girl, hungering as she was for affection, had been gratified with the attentions of this good-looking, desirable boy. His worldly prospects were all that could be wished. But Noel "barred sentimentality," and once more Alex was cheated of the outlet she craved. When she broke off her engagement she took the bravest decision of her life.

Following her hungry instinct for sympathy, the girl became enamoured of a nun, and finally entered the religious life. For some years she was content to live under the same roof as her idol, but Mother Gertrude's removal to another branch of the Order once more made havoc of Alex's life. Her despair was so intense that she obtained, with much difficulty and after many dramatic interviews, release from the conventual life and once more returned to the world.

But her restless nature could not be satisfied. She found no niche in the world she had left, and she eventually took her own life.

"She felt proud because she knew that for this once she was not going to fail."

Her sad self-communings before the fatal act give a glimpse of the working of her mind.

"Perhaps there'll be real forgiveness and understanding, and then my having done this won't matter."

Though this story cannot be said to be a cheerful one, it is a very interesting and clever study.

H. H.

COMING EVENTS.

July 26th-August 2nd.—Royal Sanitary Institute. Thirtieth Congress, Newcastle-upon-Tyne. Sunday, July 27th.—Special Service in St. Nicholas Church, 10.50 a.m. Monday, July 28th.—Reception by the Lord Mayor. Inaugural Address by His Grace the Duke of Northumberland.

LETTER TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

£900 FOR SCHOLARSHIP FOR V.A.D.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice in your issue of July 19th that a V.A.D nurse has been awarded a £900 scholarship to enable her to graduate as a doctor. Is it not usual in such announcements to state the conditions under which the scholarship was won, and the source of the bequest or grant which provides for the scholarships? I should be interested to hear these particulars. We are well aware of the "preference for V.A.D.'s," but it is just possible that there may be preference for individual V.A.D.'s which would call for particular attention and criticism.

Yours faithfully,

OUT OF THE RUNNING.

[With our officers and their families in want, this grant of Red Cross money is outrageous.—ED.]

KERNELS FROM CORRESPONDENCE.

Another Staff Nurse: "I do hope my timorous colleague who has taken 'Best say nothing' for her motto, will reconsider her attitude. I feel sure those with such a mean policy say plenty—but the wrong thing at the wrong time; it is usually the people who dare not speak the truth, who grumble the most."

A Sister writing of Peace Day, says:—"The only thing I want to see is the bonfire at night. The last one I remember was on the accession of King Edward to the Throne, and we all stood round it and sang solemnly 'God Save Our Gracious Queen'!"

Public Health Nurse:—"I notice in the press that 15 more scholarships have been given under the Red Cross scheme to V.A.D.s to train as Welfare Supervisors. Surely all 'supervision' should be under the direction of thoroughly trained nurses. Is it proposed that certificated nurses working at Welfare Centres should be under the supervision of V.A.D.s? [It will be their own fault if they accept such service.—ED.]

OUR PRIZE COMPETITION.

QUESTIONS.

August 2nd.—What are the signs and symptoms of gall stones? What instrument would you have ready for the operation? How would you nurse a case after operation?

August 9th.—What are the principal emetics, and in what cases are they used?

August 16th.—What is meant by "descent of the cord" and what complications and difficulties does this create?

The Midwife.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The Annual Gathering of Midwives of the above Association was held on July 16th, at 8, Kensington Palace Gardens, by kind invitation of Mrs. van den Bergh.

Mrs. Ebdon, Chairman of the Executive Committee of the Association, presided, and presented the badges. A letter was read from the Lady-in-Waiting expressing the regret of H.R.H. Princess Christian at her inability to be present.

Mrs. Ebdon made special reference to the work which had been done by the midwives of the Association, more particularly of those to whom the badge was to be presented that day. She asked them to keep before them throughout their lives, not only in their professional duties, but in every thought, word and action, the four words engraved on their badges. Love, Mercy, Pity, Truth. She felt that the opportunities that fell to them for doing good were greater than in any other sphere, and for exercising a wide influence, and she regarded them as a band of missionaries going forward with cheerfulness, love and pity, to encourage and help those with whom they come in contact. Mrs. Ebdon envied them their work in the unlimited opportunities for usefulness. The badges were presented to the following midwives:

RECIPIENTS OF BADGES.

Dorothy Austen, working under the Derbyshire Nursing Association; Mrs. Aylott, working independently at Pontardulais; Florence Bensted, working under an Association at Waltham Abbey; Mrs. Birch, working independently at Walsall; Caroline Dixon, working independently at Deptford; Annie Doughty, working independently at Hull; Mrs. Gelder, working under an Association at Charlbury; Mary Hill, working under an Association at Hambledon; Mrs. Kerrin, working independently at Bridgtown, Staff.; Mrs. Mortimer, working under an Association at Bicester; Winifred Smith, working under an Association at Pirbright; Mrs. Spencer, working independently at Padiham, Lanc.; Mrs. Todd, working independently at Ormskirk, Lanc.; Eleanor Vizard, working under an Association at Ilkeston; Mrs. Wedgwood, working independently at Kidsgrove.

After the presentation of the badges, Mrs. Luke Paget addressed the Midwives, and spoke most feelingly of their activities; one sees in the papers names of great ladies connected with Infant Welfare, and other branches of maternity work, while each midwife in her own corner, by river or mountain, in the slums of cities, in the loneliness of the remote villages, is doing the great work unnoticed. But they must remember that each one is striving

for the same object, and with the broad view before them there was no room for little jealousies. Mrs. Paget thanked them from the bottom of her heart in the name of countless mothers for the noble work they had set themselves to do.

At the end of Mrs. Paget's most instructive and encouraging speech, Mrs. Model moved a most cordial vote of thanks to her and to Mrs. van den Bergh. The address had been an inspiration, and she felt that those present were encouraged and helped more by the sympathy displayed in their work than they could have been in any other way. She thought that if each midwife kept to the watchwords of the badge they would go forward well equipped for the battle of life.

Mrs. van den Bergh replied with a most cordial welcome to all present, and the midwives then went into the garden where they were entertained with a most sumptuous tea.

THE ROYAL SANITARY INSTITUTE CONGRESS.

Amongst the subjects to be considered at the Congress of the Royal Sanitary Institute at Newcastle-on-Tyne is Hygiene of Maternity and Child Welfare, which will be discussed on the morning of Friday, August 1st. Another interesting event is the opening of the Maternity and Child Welfare Exhibition at Rutherford College on the opening day, July 28th.

MATERNITY AND CHILD WELFARE CENTRES.

The Ministry of Health has issued a list of Maternity and Child Welfare Centres which is of much interest and importance.

The statement includes all the Municipal and Voluntary Maternity and Child Welfare Centres known to the Local Government Board on April 1st, 1919. It is pointed out that the inclusion of a centre in this list does not necessarily mean that it has been inspected or approved, or that it obtains a Government grant.

The Statement is in three parts (1) London, (2) County Boroughs, and (3) Counties. To enable a Centre to be readily found an index of the towns and villages containing centres is appended.

The number of centres included in this list comprise 196 situated in London, 372 in County Boroughs, and 960 in Counties, conducted in the Counties either by the County Councils, the Local Sanitary Authorities, or Voluntary Societies, and, in the other instances, by L.S.A.'s or Voluntary Societies.

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EDITORIAL.

THE TRAINING OF HEALTH VISITORS.

We refer in another column to the Regulations just issued by the Board of Education for the Training of Health Visitors, which have been forwarded to Local Authorities with a covering letter by Sir Robert Morant, Permanent Secretary to the Ministry of Health.

The letter states that the Minister of Health is desirous of inviting the attention of Local Authorities, and others concerned in maternity, child welfare, and other departments of the public to the important Regulations just made by the Board of Education, after consultation with the Ministry of Health, for the payment from that Board, of grants-in-aid of the training of women to become Health Visitors.

A SPECIAL COURSE FOR HEALTH VISITORS.

From the beginning it has been recognised that, when circumstances permitted, it would be necessary that a special course for Health Visitors generally, should be prescribed. Now that the time seems opportune for the institution of such a course, the Ministry of Health have, says Sir Robert Morant, welcomed, and have been glad to co-operate in, the action of the Board of Education, as the Department responsible to Parliament, for the provision of education and training, in framing regulations defining the terms and conditions which should govern the disbursement of Exchequer grants-in-aid of the provision of efficient courses of training for future Health Visitors.

DURATION OF COURSES.

The Regulations of the Board of Education provide for two courses :—

1. A course extending over two years—both theoretical and practical—for persons of 18 years of age and over, who do not possess any substantial knowledge or experience of a special nature likely to be of value to them in their future work. The Board lays stress on the fact that if such students are to obtain any sufficient advantage from their course they must have received a good previous education.

The minimum age for admission has been fixed at 18 because it is essential that girls should be able to proceed direct to the course immediately on completing a full course at a secondary school. We are glad to note that the Board of Education recognise that students who are only 20 years of age on the completion of their course will not generally be sufficiently experienced or mature at once to take posts of responsibility. It is suggested that they may desire to take the certificate of the Central Midwives' Board, or they may, in the first instance, take posts of limited responsibility in Infant Welfare Centres.

2. A course extending over one year for fully trained nurses, or for those who have taken a degree course at a university.

No courses of training will be recognised unless the Institution is in a position effectively to control the whole of the students' course, or, as a rule, unless they are conducted by, or in close association with, a University Institution. It is considered that free intercourse with other classes of students, such as is provided in a University Institution, is of special importance to future Health Visitors.

A RECOGNISED CERTIFICATE NECESSARY.

In view of the great importance of securing the appointment of properly trained persons as Health Visitors, and of the enlarged opportunities that will arise under the developments just described, the Ministry of Health have now decided that, in cases requiring Government sanction and grant, the Ministry will require that all women appointed for the first time as Health Visitors, on and after a date, of which due notice will be given, must have obtained the certificate described in the Regulations of the Board of Education, with or without other qualifications. Women intending to enter the profession in the future are therefore advised to take a course of training at one of the Institutions recognised by the Board of Education, who will announce a list of such institutions.

In conclusion, Sir Robert Morant states that Dr. Addison desires, as Minister of Health,

strongly to emphasise the necessity of securing that, as far as practicable, only those women should be appointed to salaried posts for the important functions comprised in health visiting, who possess a good general education, followed by an efficient course of special training in an institution approved by the Board of Education under the new Training Regulations.

The amount of the grants now being paid annually from the Ministry of Health to Local Authorities in aid of their expenditure on health visiting and other elements of their maternity and child welfare schemes is rapidly increasing, and Parliament is, in fact providing virtually one half of what is spent locally in this field of work. He points out the responsibility of the Ministry of Health for the proper expenditure of these large and increasing Exchequer subsidies, and that it is incumbent upon it to take all reasonable steps to secure the adoption of every practical measure for raising the standard of much of the existing work, which has been, in some places, inevitably of a somewhat indifferent character during the early years of its development.

A WORD TO NURSES.

Those who claim that Health Visiting is the work of trained nurses, should note that the position is in their own hands. If they are on the alert, and take the one year's course at once, they will be eligible for Health Visitors' posts a year before the students required to take the two years' course have completed their training. Having secured posts, it will be for them to retain this field of work for nurses by demonstrating their value in these positions.

CURRICULUM FOR HEALTH VISITORS.

The Ministry of Health having decided that all persons hereafter to be recognized as health visitors should have been through a special course of training, the Board of Education, in consultation with the Ministry, have prepared regulations setting out the conditions for such training. Provision is made for the recognition of two types of course—namely, a full course of two years' duration, intended for ordinary students, and a shortened course of one year's duration for trained nurses and other persons already possessing substantial knowledge or experience.

With respect to the full course, the minimum age for admission has been fixed at 18, because it is essential that girls should be able to proceed direct to the course on leaving a secondary school. Recognizing that students who enter at this age will only be 20 on the completion of their course,

it is expected that they will often desire to take a further course of training, such as that for the certificate of the Central Midwives Board, or they may in the first instance take posts of limited responsibility in infant welfare centres or elsewhere.

It is generally agreed that this course should provide for both theoretical instruction and practical training, probably in about equal proportions. The first subject mentioned is that of elementary physiology, which is set forth as the only reliable basis for instruction in the other subjects of the course. The health visitor need not be a skilled cook, but she should, in the course of her visits, be competent to advise in regard to dietaries (especially for children), facilities for cooking, household economy, and domestic arrangements.

A course of hygiene is also contemplated, and it may be found desirable to extend the syllabus to cover generally the duties performed by a sanitary inspector, though certain of them will seldom be discharged by a health visitor. General instruction is also to be given in the characteristics, early symptoms, and various distinctive indications of infectious and communicable diseases.

A feature of the instruction is that relating to maternity and infant and child welfare. The aim should be to give the student such a knowledge of maternity and ante-natal conditions as will enable her to assist the medical officer at consultations and clinics, and to advise the mother as to the carrying out of his instructions. Infant and child welfare should be fully dealt with. Elementary economics and social problems are also to be studied by the students, as, it is pointed out, health visitors cannot adequately perform their duties unless they appreciate the conditions of life of the children and their parents in the district in which they work.

As to the practical work it is suggested that the greater part of the time devoted to this should be given to continuous attendance at institutions concerned with infant and child welfare. Where practicable, however, arrangements should be made for students to spend a part of the period in a maternity or children's hospital, a children's observation ward, a day nursery, or other similar institution. Examinations will be carried out by a special examining body and diplomas issued to students who have completed an approved course of training and passed their examination.

Provision is made for the payment of annual grants. The total payable on account of a student will be £40 for a full course, and £20 for a shortened course.

We are receiving much interesting information concerning the work of the "Save the Children Fund," 329, High Holborn, W.C. 1, which is endeavouring to fight the famine, and the various evils arising therefrom in so many countries, as a result of the war. It was through this fund that we received the interesting interview with Miss Willis, published in our issue of July 19th, concerning "Serbia's Sufferings."

OUR PRIZE COMPETITION.

HOW WOULD YOU TREAT (1) ASPHYXIA LIVIDA AND (2) ASPHYXIA PALLIDA IN THE NEWLY-BORN INFANT?

We have pleasure in awarding the prize this week to Miss Marianne Routledge, Hillslea, Harvey Road, Guildford, Surrey.

PRIZE PAPER.

Asphyxia livida or "blue" asphyxia.—The child when born is blue, and there is a temporary arrest of respiratory effort; the limbs move and the muscle tone is good; the cord is pulsating.

Treatment.—Stimulate the baby. As far as possible clear out the mucus from the air passages, swab out the mouth with sterile gauze wrung out in warm boracic lotion, clear the nostrils with small pledgets of sterile cotton wool, smack the buttocks sharply and sprinkle cold water over the chest. Wait until pulsation has ceased before tying the cord and separating the child. If these methods fail, have ready a bath of hot water (temp. 104° Fahr.) and one of cold, and plunge the child first into one and then into the other, or place the child into the warm bath and splash cold water over him. The stimulus of the smack or the cold water causes the child to gasp and cry out, and regular breathing is quickly established.

Asphyxia pallida or "white" asphyxia.—A much more dangerous condition. The child is in a state of profound shock; he is white and limp, and to all appearances dead; the cord is not pulsating and the heart is beating feebly; no respiratory efforts are made.

Treatment.—Extreme care and gentleness are needed in treating these cases. Clear the air passages of mucus, as in "blue" asphyxia, immediately clamp and divide the cord (there is no pulsation, so the child will obtain no further supply of blood from the placenta) and remove the baby to a hot bath (temp. 104° Fahr.). Immerse the infant in the water up to the neck, rub brandy on the chest and gums, and commence artificial respiration. When breathing is regular and well established, remove the baby from the bath, wrap him in a warm sterile towel and blanket and place him in a warmed cot or basket, without a pillow. The child should be made to lie on the right side so that the heart's action is unimpeded, and the head kept low in order to allow any mucus or liquor amnii which may have been swallowed or drawn into the air passages to drain away freely. The

cot coverings must be warm but light, and the room warm but well ventilated.

Method of artificial respiration.—Hold the child with the fingers of your left hand in the axilla and the shoulders supported by the palm of your hand, with the baby's head and neck resting on your arm. With the right hand gently but firmly compress the chest wall, expelling the air, then relax your grip and allow the lungs to expand; repeat this process about sixteen times a minute.

Artificial respiration must be continued as long as life exists, i.e. as long as the heart continues to beat. Care must be taken to encourage and coincide with any respiratory efforts on the part of the baby.

Any child born in a state of asphyxia needs careful watching for several hours after birth, and on the return of any symptoms of distress the treatment advised for asphyxia pallida should be repeated. Mucus must be cleared from the air passages before the baby makes any inspiratory efforts or mucus may be drawn into the lungs. If there is much mucus, the child may be held up by the heels to allow the mucus to drain out. In doing this the baby must be firmly held and should be suspended over the bed—a new-born child is extremely slippery and difficult to hold.

In any labour, preparation should be made for an asphyxiated baby; delay of a few moments may cost the child's life.

There are many methods of artificial respiration, but the method described has these advantages:—

It is simple and can be carried out by one person for a considerable time.

It does not disturb the child or expose it to chill.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Farthing, Miss E. K. Dickson, Miss M. E. Thorpe, Miss H. T. Inglis, Miss A. E. Douglas, Miss R. E. S. Cox, Miss May Collier.

Miss A. E. Douglas writes: "The word 'asphyxia' is of Greek origin, and means 'pulseless,' but it is now used to denote the state brought about by the inability of the respiratory organs to act efficiently, whether due to heart complications or others.

QUESTION FOR NEXT WEEK.

What are the signs and symptoms of gall stones? What instruments would you have ready for the operation? How would you nurse a case after operation?

NURSING ECHOES.

We are indebted to the *Scots Pictorial* for our portrait of Miss Margaret Finlayson Steele, who has been awarded a bar to the Royal Red Cross. Miss Steele, who is a Scotswoman, was trained at the Western Infirmary, Glasgow, and has been Matron of the Prince of Wales' Hospital for Officers, St. Marylebone, London.

The Secretary of State for India makes the following announcement: In view of the number of applications already received for temporary appointment to Queen Alexandra's Military Nursing Service for India, no more applications can be accepted at present. If and when further applications are desired, another announcement will be made.

It is reported that eight hundred to a thousand demobilised trained nurses are still registered, as out of work, with the Nurses' Demobilisation and Re-settlement Committee, although some 1,150 applicants have already been secured posts by this means. It is by no means an easy matter to suit all tastes—without some delay—so many trained nurses have during the war held matrons' and sisters' posts, who hope to secure the same rank in civil service. This is quite natural—but we fear somewhat difficult. For five years relays of trained nurses have been certificated and done the civil duty to hand. It is urged that these young nurses should make way for "military heroines." We don't quite follow this argument. Hun-

dreds of nurses threw up their civil duties, and, whether suited or not, rushed off to the various "fronts." Poor Law and private patients have received scant care for several years, and we are informed by some of our most experienced Poor Law matrons that it is impossible to get nurses or probationers for these institutions, although in some cases salaries of £30 are offered to the latter.



MISS MARGARET FINLAYSON STEELE, AWARDED BAR TO R.R.C.
Matron, Prince of Wales' Hospital for Officers, St. Marylebone, London.

In private nursing the competition is already felt from the employment of V.A.D.s, who are picking up many unconsidered trifles in this connection. State Registration is our only remedy, and that modicum of justice, for the present session at least, has been wrenched from us by the unworthy tactics of the College of Nursing, Ltd., and its wrecking group of M.P.s in the House of Commons.

Yet another war product—the “chauffeur-nurse”—has arrived, and, according to a correspondent of the *Daily Mail*, likes her position amazingly. She had driven an ambulance during the war, and states: “I took my home-nursing and first-aid course like every woman in '14, and it occurred to me that a busy country doctor might find it useful to be able to count on a woman chauffeur for help in emergencies.” So she really did have a few months’ (or was it weeks?) insight into first-aid work before reaching her objective, “the front,” and now considers herself able to be useful to a busy country doctor “in case of accidents, or in sudden calls to illness,” and is of opinion that, “in a simple operation, or emergency, almost any doctor would be grateful for an ex-V.A.D., always supposing, of course, that a trained nurse was not on the spot.”

Several points are worthy of consideration in this connection. Firstly, so long as there is a discharged soldier out of a job, capable of acting as a chauffeur, no “ex-V.A.D.” has a right to absorb it. Secondly, if the ex-V.A.D. is in the doctor’s car, it is extremely unlikely that a trained nurse will be on the spot; therefore her work will be absorbed, too. Thirdly, what about the hands of the chauffeur-nurse? How does she prepare and disinfect them when she helps with cases of accidents and “simple” operations? What is a simple operation, by the way? It might easily, we opine, be resolved into a complex one with the assistance of a V.A.D. who has not the aseptic habit.

We trust that the “busy country doctor” (“my doctor is the only medical man in the district”) will keep his chauffeur to her job, and if she absorbs the work of the skilled mechanic, that at least he will not permit her to meddle with human lives.

Nurses who desire to spend their days off out of London may be glad to know that Miss Wood, R.R.C., M.R.B.N.A., 26 and 27, Shipbourne Road, Tonbridge, Kent, receives nurses for the day or night off. Lunch, tea, dinner cost 7s. 5d., fare from London 7s. 7½d. return, so that the inclusive cost to them is 15s. Board-residence costs from 27s. to 30s. per week or 10s. for 24 hours, four meals inclusive. Breakfast is served in the bedroom, tennis and boating are obtainable, and fields and woods are quite near. Tonbridge is about

thirty miles from London, and Kent, as is well known, is a lovely county.

We are informed that so far no steps have been taken by the Bermondsey Board of Guardians to protect the sick from the group of nurses who were condemned and fined in a Court of Law for ragging and bullying their colleague, Nurse Emily Russell. We had hoped the Guardians would have realised how totally unsuitable such women are to be entrusted with the care of poor, defenceless patients. Anyway, now we have a Ministry of Health, it is to be hoped such Boards of so-called Guardians of the Poor will soon be superseded by more humane people.

Presiding at the annual meeting of the Birmingham District Nursing Society, held recently at the Council House, the Lord Mayor (Alderman Sir David Brooks) paid tribute to the efficient help the Society’s nurses rendered to the Health Committee during the influenza epidemic last year. He also expressed the hope that the society would be set on a stable financial footing. It had been struggling, he said, under a gradually accumulating deficit, and had it not been for the special effort made on Flag Day, by which £2,676 was raised, the society would have found itself in a position of difficulty. Excellent as the Flag Day result was, it only afforded temporary relief from embarrassment, and did not solve the problem with which they were faced. Their expenditure annually exceeded their income by £1,000, and what they required to alter that state of things were more regular subscribers.

Mr. W. A. Cadbury also praised the society’s work during the influenza epidemic. In future, he added, there was going to be a higher standard of nursing, and there was also to be an inquiry into remuneration and hours. The result would probably be to throw a greater burden on the city, and the Health Committee would no doubt have to look again to the Nursing Society for help.

The Joint Conciliation Committee award in connection with the pay of asylum workers lays down that the wage to be paid to a male nurse in a rural asylum shall not be less than the minimum standard wages of farm labourers, as fixed from time to time by the Agricultural Wages Board.

In urban districts wages are fixed at £2 a week for male nurses.

The wages of female nurses are scheduled at 20 per cent. below the rates of the men.

HONOURS FOR NURSES.

The King held an Investiture in the Quadrangle of Buckingham Palace on July 26th, when the following ladies were decorated :—

The Royal Red Cross.

FIRST CLASS.

Sister Alice Walpole, Queen Alexandra's Imperial Military Nursing Service Reserve; Sister Jessica, Freshfield, British Red Cross Society, and Matron Rachael Fogarty, South African Military Nursing Service.

SECOND CLASS.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Sister Mabel Kirkpatrick.

British Red Cross Society.—Matron Jose Walker.

Civil Nursing Service.—Matron Alice Messum and Miss Elizabeth Urquhart.

Voluntary Aid Detachment.—Miss Dorothy Greig, Miss Helen Harrison, Miss Isabel Montford, Miss Nessie Warner, Miss Gertrude Whitehurst, and Miss Violet Wotton.

The Military Medal.

Voluntary Aid Detachment.—Miss Margaret Davidson, and Miss Katharine Fabling.

Queen Alexandra received at Marlborough House the members of the Military Nursing Services who had been awarded the Royal Red Cross and the Military Medal, subsequent to the Investiture at Buckingham Palace.

FOR WAR SERVICES.

In the House of Commons last week Mr. Churchill said that the claim of Medical Officers and Nurses serving on hospital ships to the Victory Medal had not been overlooked.

It is announced in a *Gazette* that the following are among the medals awarded by the Allied Powers at various dates to the British Forces for distinguished services rendered during the course of the campaign. His Majesty the King has given unrestricted permission in all cases to wear the medals in question :—

CONFERRED BY THE PRESIDENT OF THE FRENCH REPUBLIC.

Medaille des Epidemies en Vermell.

Matron C. Sorenson, Australian Army Nursing Service; Sister H. L. Carpenter, Queen Alexandra's Imperial Military Nursing Service (Res.); Matron B. A. Campbell, Australian Army Service; Sister M. M. L. Johns, Queen Alexandra's Imperial Military Nursing Service (Res.).

Medaille des Epidemies en Argent.

Sister E. Nichol, T.F. Nursing Service; Nurse E. Simpson-Shewan, Staff, T.F. Nursing Service; Sister J. Sibley, Queen Alexandra's Imperial Military Nursing Service (Res.); Sister K. E. Stacey, Queen Alexandra's Imperial Military Nursing Service (Res.).

HONOURS FOR V.A.D.

MILITARY MEDAL.

The King has approved the award of the Military Medal to Miss S. A. Valentine, V.A.D. The medal is awarded for conspicuous gallantry and devotion to duty on October 10th and 14th, 1918, tending wounded

under heavy fire on ship and shore while attached to the hospital river steamer *Vologjanin*. On several occasions her conduct under fire had a marked effect on the morale of jaded troops.

THE ORDER OF LEOPOLD.

On the occasion of the National Fetes in Belgium, the official *Moniteur* publishes a list of appointments to the Order of Leopold. Amongst the names are those of Miss Cavell and Mr. Brand Whitlock, the United States Minister to Belgium, upon whom is conferred the Civic Cross of the First Class, 1914-1918, for acts of notable courage and devotion to humanity.

WAR WORKERS GUESTS OF KING AND QUEEN.

When it was known that their Majesties intended to entertain War Workers at a Garden Party at Buckingham Palace on Friday, July 25th, naturally the whole world and his wife wanted to be there, and those fortunate enough to receive invitations flocked to the Palace in very good time. It certainly was a very great occasion—quite unconventional, and immensely amusing. Seated on the lawn one had a fine opportunity of inspecting the innumerable types of war workers, and their wonderful uniforms, as nearly every woman present wore one, or badges of service. There was a sprinkling of "pearl ladies," but on this occasion they did not appear to count! The blue and scarlet uniforms of the Royal Naval Sisters, the red capes of Imperial Nursing Sisters and the red and grey of the Territorials of course took precedence, after which many neat nursing uniforms were to be seen. As for the Red Cross, it was ubiquitous, the Commandants proud as Red Cardinals, and preening as these fine birds are apt to do; military probationers distinctly labelled, and thousands of V.A.D.'s of all ages.

Boy Scouts lined the processional path, and when the Royal Party appeared—the King in Field Marshal's uniform, the Queen looking very royal and stately in Nattier blue brocade, and a very becoming blue and silver toque, followed by Princess Mary in V.A.D. uniform, the Prince of Wales, most modest and popular of Princes, in his uniform as a Colonel of the Welsh Guards, and many other royalties and court officials—it was all the Scouts could do to keep the pathway for the progress of the royal party. Loyalty, patriotism and curiosity were determined to have a good square stare at all and sundry, and everyone quite unabashed tip-toed, peeped, or mounted on chairs, and should know every royalty present if met again in Timbuctoo. "Queenie" was the lode star, and much she must have enjoyed the evident delight of the motley crowd in its open admiration of her gracious and regal presence. There were many presentations, lovely music, a delicious tea, and many uplifted hearts. We all came away as happy as happy could be.

CLOSING PARTY AT QUEEN ALEXANDRA'S HOSPITAL FOR OFFICERS.

The last of many pleasant gatherings took place at Queen Alexandra's Hospital for Officers, on July 23rd. The guests were received by the chairman (Sir Alfred Mond) and Lady Mond. The programme offered plenty of variety in the way of entertainment, and the music was supplied by the string band of H.M. 1st Life Guards. At the concert, which commenced at 9 p.m., Miss Glover's and Mr. Stannard's songs gave evident enjoyment, and much mirth was aroused by Mr. Todd's lightning sketches of various hospital celebrities.

The event of the evening was the presentation of an address to the chairman of the hospital, and, in an eloquent speech, Mr. Herbert Paterson, Hon. Surgeon of the Hospital, conveyed to him an expression of the feelings of gratitude of the patients and staff for his goodness in maintaining the splendidly equipped hospital which had proved of such value. Mr. Paterson read also a long letter from Her Majesty Queen Alexandra thanking the chairman, medical, and nursing staffs, for the great work which had been accomplished by the hospital throughout the years of war. Addresses followed from General Bigge, C.B., the Rev. Father Thornton, D.S.O., and Major Anderson, all of whom spoke of the deep gratitude of the officers and their friends to the Hon. Surgeon for his magnificent and patriotic work, and for the kindness they had met with from Miss Sinzinenex, the matron, and her staff.

Dancing went on in the Princess Victoria Ward until the early hours of the morning, when the "Closing Party" of the hospital broke up with many lingering regrets that so many happy associations in work and service were fast drawing to a close.

Mr. and Mrs. Paterson have been presented by the patients of the hospital with a magnificent oak dining table, over 200 years old, as a memento of the Queen Alexandra's Hospital for Officers, and to Miss Sinzinenex have been given a beautiful set of furs.

THE VICOMTESSE DE LA PANOUSE A DAME OF THE BRITISH EMPIRE.

The King has conferred on the Vicomtesse de la Panouse, President of the British Committee of the French Red Cross, the Second Class (D.B.E.) of the Order of the British Empire.

Throughout the war she has been engaged in the Red Cross work of France, Britain, and the Allies, and was the very kind President of the French Flag Nursing Corps.

Members of the Royal British Nurses' Association and of the Affiliated Societies of Nurses are invited to tea at 10, Orchard Street, on Saturday, August 2nd, 3 to 6 p.m.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The following letter has been received from Major Barnett, M.P., in reply to a letter conveying to him the vote of thanks for his great services to the cause of Nurses' Registration passed at the Annual Meeting of the Society for the State Registration of Nurses on July 17th:—

Park Lodge,
Park Village West, N.W. 1.
July 24th, 1919.

DEAR MISS BREAY,—Will you please convey to the Society for the State Registration of Trained Nurses my sincere thanks for the Resolution which they were good enough to pass at their annual meeting on the 17th inst.

It has been a pleasure to me to do all in my power to advance the cause of State Registration, and, although its complete success has been postponed by the factious opposition of the College of Nursing, Ltd., I am confident that in the near future we shall see the triumph of the principle for which the Central Committee has worked so long and so faithfully.

Yours very truly,
R. W. BARNETT.

Whenever "The Day" arrives, the pioneer registrationists will realise that they owe a debt of gratitude to Major Barnett for his disinterested support of their cause.

THE NATIONAL COUNCIL OF WOMEN.

REPORT OF THE SPECIAL COMMITTEE ON THE ECONOMIC POSITION OF NURSES.

We hope next week to discuss the very valuable Report issued by the Special Committee of the National Council of Women, on the Economic Position of Nurses, and in justice to the Committee publish in full the section which deals with the withdrawal of the representatives of the College of Nursing, Ltd.

WITHDRAWAL OF THE REPRESENTATIVES OF THE COLLEGE OF NURSING, LTD.

The unfortunate absence of the delegates of the College of Nursing, whose advice could not have failed to be of value to the Committee, must be alluded to, because, in the opinion of the Committee, such absence is indicative of an attitude of mind of the Council of the College which is a grave danger to the well-being of Nurses.

The Conference as originally called by the National Council of Women was for the purpose of investigating the hours of Nurses undergoing

training in Hospitals; but in reply to the Council's invitation to the College of Nursing the latter body called the attention of the President to the fact that a Committee had been formed by them to investigate the salaries of Nurses, but had not commenced its sittings; and they, accordingly, suggested that the Committees should co-operate to avoid overlapping and expense. The suggestion was mentioned by the President at the Conference, and with the cordial approval of the Representatives of the College of Nursing then present it was decided to broaden the enquiry, as indicated in the motion, which was unanimously carried, and to combine action.

It was further unanimously agreed at the Conference that three Representatives should be invited to join the new Committee from the College of Nursing, three from the Royal British Nurses' Association, two from the Poor Law Matrons' Association, three from among the members of the Executive of the National Council of Women, two Women Doctors, probably three representatives of the British Medical Association (after consultation with Dr. Crouch and Dr. Wallace), and the Hon. Secretary. Powers of co-option were given to the Committee.

On the consequent invitation being sent to the College of Nursing, objection was taken that their proposed representation was too small, and they claimed that the number of representatives of the Societies on the Council's Special Committee should be proportional to the number of members in each body. They stated their membership at 12,048 (February 26th, 1919), and made the demand that the other Nursing Societies affiliated with the National Council of Women should have their books examined by Chartered Accountants in order that the Council, and, eventually, the College of Nursing, should ascertain the exact number of their members.

The President and the Secretary of the National Council of Women had several interviews with the Chairman of the College of Nursing (Ltd.) and also some correspondence. They explained to him that in forming their Committees the Council made no attempt at proportional representation of the various Societies, but merely endeavoured to make sure that each Society's views were presented by nominees of the Society, and that all views were carefully considered. The Committee in question was not one to arrive at a decision, but to carry out an enquiry and prepare a report which should give justice to all aspects of the material included in the replies. The Chairman of the College of Nursing informed the President and Secretary of the National Council of Women that meantime the College of Nursing had called their Committee together and set them to work, and indicated that possibly co-operation might be secured if all members of their Committee were invited to join. After consultation with their own Special Committee of Enquiry, and securing their sanction, an invitation was accordingly sent by the National Council of Women to the College of Nursing in this sense.

Owing to the difficulty of getting prompt replies from the College of Nursing, the correspondence and interviews had spread over a protracted period, and the final letter from the College was not received till 21st March, 1919. By this letter not only was the Council's very fair offer refused, but it was suggested to them that as the College of Nursing had now gone so far in their enquiries, the National Council should defer their enquiries until the Special Committee of the College had reported.

The National Council of Women did not continue the correspondence.

With reference to the above correspondence, the Committee would wish to make certain comments.

The National Council of Women called the Conference of 18th February in order that it might use its position as a neutral body to ascertain the working conditions of Probationary Nurses in Hospitals, and in the event of those conditions being unsatisfactory to indicate the lines on which they might be improved.

It was thought that an enquiry on the part of a body appointed solely by Nurses, or their employers, or both, would not carry the same weight as an enquiry organised by the National Council of Women, a body comprising affiliated Societies of practically all women's professions, and undoubtedly would not bring the same pressure to bear on the various Hospital authorities to get the conditions, if faulty, amended. The aim of the National Council of Women was to bring the facilities and conditions for the Training of Nurses into line with those obtaining in other branches of women's work and to adjust them to the changes in our educational and economic systems which affect in similar sense the entrants in all professions.

It is a commonplace in the history of the evolution of the worker, whether male or female, that when a certain stage is reached the employers, with very often the best motives, bring up schemes of their own, which are naturally regarded with suspicion by the workers, who feel that their interests are not likely to be considered sympathetically or with a full knowledge of the facts. The same would equally apply to an enquiry on the part of the workers into matters concerning their employers.

It is now, therefore, universally accepted that an enquiry with representatives of both parties under a neutral Chairman is essential if there is to be a useful result.

Your Committee consider that a representation of employer and employed under an expert like Dr. Ogilvie Gordon fulfils these conditions except in one particular—namely, that owing to the non-participation of the College of Nursing, there has been no delegate from the lay officials of the Hospitals, who are so fully represented on the Council of that body.

The Committee of the College of Nursing, Ltd., have issued their Report. Your Committee have received no instruction from the Conference by whom they were appointed to consider this report, but, in view of the publicity it is likely to have,

they would wish to point out that the Council of the College, by whom it was appointed, contained nobody who was not either a Matron, Lay Official, or Medical Official of a Hospital—that is to say, an employer—there not being then a single employee among the members.

One-third of the Council of the College of Nursing resigns every year, and every member of the College has as many votes as there are candidates. Plumping is not allowed, and on account of the scattered nature of the Nurses not attached to a Hospital, and absence of any organisation among them, the rank and file are practically disfranchised, as no individual Nurse candidate can possibly be known to more than a few members of the electorate, and the better known Matrons and Officers of Hospitals are thus bound to be elected to the vacant posts.

It would seem to your Committee that the Constitution of the College should be so altered, if it is to be a democratic organisation, as to ensure the workers being in a majority in the Council which controls their interests.

STATE REGISTRATION UP TO DATE.

STATE REGISTRATIONISTS OBJECT TO PAY WRECKERS' PARLIAMENTARY SALARIES

We note that Mr. Leonard Lyle, M.P., the wrecker-in-chief of the Nurses' Registration Bill in the House of Commons, is widely advertising the fact in the press (along with his picture) that to celebrate Peace he will give his first year's salary as M.P. (£400) to provide comforts for the nurses of the hospital of which he is chairman. Two points arise: (1) As chairman of Queen Mary's Hospital for the East End, it is his duty to see that the nursing staff is supplied with all comforts; and (2) this advertised gift cannot be considered any personal sacrifice upon the part of Mr. Lyle, who is a wealthy manufacturer of syrup. Persons taxed—and amongst them trained nurses—have to help find Mr. Lyle's Parliamentary salary, and those amongst them who strongly object to his insulting reference to the promoters of nursing reform, and to his wrecking campaign of their Registration Bill in the House of Commons, deeply resent being taxed to keep such men in Parliament; actually it is adding insult to injury, having to pay persons to ruin the work for the benefit of the public and their profession, to which many nurses contribute every penny they can spare.

It appears to us it would be far fairer, if M.P.s must be paid, to tax their constituencies for the purpose, as, whether right or wrong, we were informed by members of the Manchester Group associated with Mr. Lyle, that they intended to do as their constituents wished, that is, they intended to wreck the Nurses' Bill, as a vote-catching dodge. It is the irony of fate that we State Registrationists should be taxed to enable such men to ruin our work, and deprive us of

State protection because the autocratic hospital managers and their officials, in their benighted constituencies object to any degree of effective self-government for trained nurses. It is a big scandal. How about a protest to the Chancellor of the Exchequer? It is certainly only fair that those who call the tune should pay the piper. Let Stratford and Manchester find the cash for their iconoclasts.

THE ENGLISH SITUATION.

"The strength of toryism (by which word we describe a point of view) in English nursing circles, is indeed amazing," writes Lavinia Dock in the *American Journal of Nursing*. "The struggle of English nurses to gain self-government professionally, reads like a chapter of the labour movement and the contest between capitalism and organised working men."

The Council of the College of Nursing has sent a letter to its nurse members, advising them to ask members of Parliament to *vote against* the Nurses' Registration Act now awaiting third reading. More than that, the College has had offered to the Act now pending an amendment to substitute the word "person" for the word "nurse" in a context which would make it possible for nurses to be kept off the first and later general nursing councils.

The College of Nursing is resorting to all those Parliamentary tricks which were employed in New York State by the opposition to the Nurses' Registration Act in that State. And the reason is the same—a determination to keep, if possible, the entire nursing body under the thumb (or heel) of some other social element; in our case physicians and hospitals, in the English case the united and banded employers. The College is also endeavouring to push its own Bill through the House of Lords. Perhaps saddest of all evidences of disunion is the recent formation of a second association of hospital Matrons, formed by conservative women who have, until now, shunned every form of association!

THE NATIONAL UNION OF TRAINED NURSES.

Liverpool Branch.

A very successful meeting was held in the "Coffee Pot," Renshaw Street, on Wednesday, July 16th, at 3 p.m.

In the absence of Miss Paterson, who is shortly going to Vienna with Dr. Truby King, Miss Rimmer, Hon. Organising Secretary of the N.U.T.N., read Miss Paterson's paper on "Up-to-date Pediatrics and Dr. Truby King's Hospital for Babies of the Empire."

The paper was much appreciated and an interesting discussion followed. After a very hearty vote of thanks to Miss Paterson for her paper and to Miss Rimmer for the most interesting and instructive way she had given the paper, a sociable cup of tea and chat concluded a thoroughly

enjoyable afternoon. The opinion was expressed that there should be more of such gatherings now the war is over.

Miss Nicholson, Matron, Highfield Infirmary, was elected a member of committee.

M. M. TIPPER, *Hon. Sec.*

APPOINTMENTS.

MATRON.

Isolation Hospital, Beaufort, Ebbw Vale.—Miss Winifred James has been appointed Matron. She was trained at the Auckland and Cheldon Joint Hospital, Durham, and Kettering General Hospital, and has been District Nurse at Choppington, Northumberland; Staff Nurse at Auckland and Cheldon Joint Hospital, Matron at Stanhope and Weardale Infectious Hospital, Durham, and Temporary Matron, Dunstable District Hospital.

SISTER.

Borough Sanatorium for Infectious Diseases, Sunderland.—Miss J. Patterson has been appointed Sister-in-Charge of the Nurses' Home. She was trained at the Union Infirmary, Newcastle-on-Tyne, and has been Night Sister at the Durham County Sanatorium, Holywood Hall, and Sister of the Tuberculosis Block, Sland Borough Sanatorium.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurses to be Sisters:—Misses D. F. Mudie (May 2); G. S. Brownlow (June 30); M. K. Barclay (July 8).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Alice K. O'Connell is appointed to Shropshire N.F., as Assistant County Superintendent; Miss Margaret A. Hamilton to Todmorden, as Senior Nurse; Miss Mabel Byard, to Windlesham; Miss Ada M. Daniels, to Bedford; Miss Mary Irvine, to Clowne; Miss Harriet E. Nixon, to Clowne; Miss Charlotte A. Palmer, to Lewes; Mrs. Lydia A. Palmer, to Summerseat; Miss Emily Ridsdale, to Cleckheaton; Miss Janet Wilcock, to Todmorden.

THE PASSING BELL.

A terrible tragedy occurred outside the David Lewis Northern Hospital, Liverpool, on July 24th, when Miss Alice Kate Jones, a nurse at the hospital, was shot dead on returning after her day off duty. The porter, hearing the sound of shots, ran out and found Miss Jones lying at the foot of the steps, but she was dead when carried into the hospital. Subsequently, a Canadian soldier, who had been treated for shell-shock in the hospital last year, and afterwards returned to Canada, surrendered himself to the police, saying that he shot Nurse Jones, and was later brought before the Liverpool Stipendiary Magistrate in connection with the crime.

We desire to express our sympathy both with the relatives of the deceased nurse, and with the Matron and hospital authorities on this terrible occurrence. The writer well remembers, when visiting the hospital last year, seeing the shell-shock patients, one of the saddest sights of the war. It would seem difficult to fix responsibility for any action on one of these poor men shattered in mind, and perhaps in body, by the ruthless machine of war.

SISTER TUTOR STUDENTSHIPS.

The College of Nursing has awarded eight Sister Tutor Studentships of the value of 111 guineas each, for a year's course at the Household and Social Science Department, King's College for Women, University of London. Three of the studentships were given by the Council of the College of Nursing, and three by an anonymous donor who named them "London Studentships." Lady Cowdray endowed one for a nurse trained in Aberdeenshire, and another for a nurse trained in Sussex. A qualifying examination for these studentships was held, and the following candidates from the Training Schools of the undermentioned Hospitals were successful:—

Miss D. M. Davis, General Hospital, Birmingham.
Miss A. M. Rose, Union Infirmary, Hull.
Miss E. M. Edmunds, Seamen's Hospital, Greenwich.
Miss D. Windley, Guy's Hospital, S.E. 1.
Miss M. L. Lane, St. George's Hospital, S.W. 1.
Miss M. E. Hitch, St. Bartholomew's Hospital, E.C.
Miss McCheane, Royal Sussex County Hospital, Brighton.
Miss E. M. F. Bowdler, Royal Southern Hospital, Liverpool.

This is the work which a Collegiate body, if properly organised, can undertake without interfering with the standardisation of Nursing Education and semi-judicial functions of a State Registration Board. There will be no adequate nursing organisation until the College of Nursing, Ltd., realises its academic limitations and ceases any attempt to exercise administrative and disciplinary control over the Nursing Profession. Such a monopoly of power has never been granted by any legislature, and will be resisted by trained nurses, as by other professional classes.

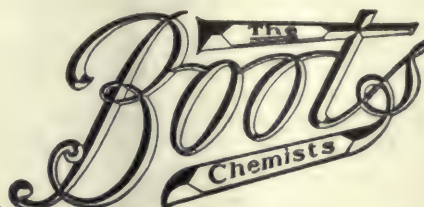
£900 FOR A V.A.D.

We have received a communication from Miss Laura Sanders, of Oxhey, Watford, Herts, the V.A.D. who has been given the enormous sum of £900 for a scholarship to enable her to graduate as a doctor.

Miss Sanders informs us that she was "a V.A.D. for three years under the 2 W. G. Hospital, Manchester," but she does not say who awarded her this small fortune—or what she has done to deserve it.

We must presume, therefore, that £900 has been handed over to this lady from money originally contributed to the British Red Cross Society and Order of St. John, and is part of the £30,000 used by this joint organisation for its V.A.D. Scholarship Scheme; but even then it is an astounding gift. We think the public have a right to know what special services Miss L. Sanders rendered at No. 2 W. G. Hospital, Manchester, to entitle her to a gratuity of £300 a year for her three years' work there. Frankly, the whole thing appears to us entirely unjustifiable, and unless the money was specially donated for this purpose, the sooner

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SIR JESSE BOOT,
Managing Director.

Head Office: STATION ST.,
NOTTINGHAM.

it is returned the better, and utilised for the benefit of the sick and wounded—thousands of whom have been broken physically and financially in the war—for whom, we suppose, the money was originally subscribed. It is up to the Joint War Committee to explain this matter, and that without delay.

We believe the gratuity for a principal matron is only £45, for a Q.A.I.N.S. nurse £40, and for a temporary nurse £20 for the first year and 10s. a month for subsequent years. Compare this with the £900 grant to a V.A.D. ! No wonder comparisons are odious to the trained nurse !

NURSES NEED MAGNA CHARTA TOO.

The agitation for an inquiry into the dismissal of the Hon. Violet Douglas Pennant, Lord Penrhyn's daughter, from the position of Commandant of the Women's Royal Air Force, increases in volume, and is assuming national importance. Magna Charta has been appealed to in this case in the House of Lords in referring to the right of every person to a fair trial. But how about the War Office and the "Serf Clause" every nurse had to sign before being granted a paltry extra £20 of salary ? Not much Magna Charta where nurses are concerned ! But we fear they have themselves to blame for accepting such terms of service.

THE BRITISH MEDICAL ASSOCIATION OPPOSES A DOCTORS' TRADE UNION.

At the Annual Representative Meeting of the British Medical Association, held last week in London, the question whether doctors should join a trade union was discussed on a recommendation from Bournemouth that the Association should not endeavour to prevent members of the Association from joining any other body which was attempting to combine the profession on trade union lines.

Members spoke for and against, and ultimately the resolution was defeated by 75 to 17.

THE ROYAL SANITARY INSTITUTE CONGRESS AT NEWCASTLE-ON-TYNE.

The thirtieth Congress of the Royal Sanitary Institute is this week being held at Newcastle-on-Tyne, and covers a wide range of subjects—dealt with by many distinguished speakers—including the Rat Problem, Treatment and Prophylaxis of Venereal Diseases, Housing and Town Planning, Housing Schemes and the Adoption of Combined Heating and Hot Water Supply, The Unmarried Mother and Her Child, The Organization of Ante-Natal Hygiene.

The various aspects of Personal and Domestic Hygiene and Industrial Hygiene occupied the attention of two sections on Tuesday and Wednesday, and Sanitary Authorities and Medical Officers of Health discussed many interesting questions, including that of Municipal versus Voluntary Hospitals. One day was devoted by Conference VI to the various aspects of the work of Health Visitors. A Maternity and Child Welfare Exhibition is one of the attractions of the Congress.

KERNELS FROM CORRESPONDENCE.

Midland Hospital Matron writes :—" I do not desire to minimise the injury done to the whole nursing profession by the Manchester members, in carrying out the College policy to wreck the Nurses' Registration Bill this Session, nor to dispute that your description of the Council as the 'Wrecking Council' is correct, but a friend of mine, whose name appears in the list knew nothing about the letter sent to the College nurses advising them to help wreck the Bill. She lives some distance from London and cannot attend many meetings. This friend is a genuine registrationist."

[It is well known that the policy of the College is controlled by the Hon. Officers, and three of the more reactionary and autocratic Matrons, and that these people dominate the situation. But every person who accepts office on the Council is responsible for its actions. We can quite believe that some of the members of the College Council would have hesitated to wreck the Bill and deprive the nurses and the public of protection, had they been consulted. The irreconcilable clique who dominate the whole College management are well known, and their attempt to suppress liberty of thought and action throughout the profession is now a well-recognised danger, which the profession at large intends to resist strenuously.—Ed.]

Candidate for Private Nursing :—" I should like to join your co-operation very much. I was amused to hear you say 'the nurses on this staff are treated like grown-up women, not like doll babies. The work is very responsible ; don't join unless you have got beyond the age of a pap-boat.'"

A Nurse of Long Experience : " Why is it that some of the heads of the big training schools, and some of the influential people, and some of the British public do not want the nurses to be treated justly ? I am quite sure Florence Nightingale would, if she could be present in the Lobby at the House of Commons, vote for justice."

We regret that owing to a clerical error in our last issue, Dr. McGregor Robertson was referred to as President of the Scottish Nurses' Association, a position held, of course, by Mrs. Strong. Dr. Robertson, who was elected a Vice-President of the Society for the State Registration of Trained Nurses at the Annual Meeting, and has honoured it by accepting office, is Chairman of the Executive of the Scottish Nurses' Association.

OUR PRIZE COMPETITION. QUESTIONS.

August 2nd.—What are the signs and symptoms of gall stones ? What instruments would you have ready for the operation ? How would you nurse a case after operation ?

August 9th.—What are the principal emetics and in what cases are they used ?

August 16th.—What is meant by " descent of the cord " and what complications and difficulties does this create ?

The Midwife.

CENTRAL MIDWIVES BOARD.

PENAL CASES.

A Special Meeting of the Central Midwives Board was held at 1, Queen Anne's Gate Buildings, Westminster, on Thursday, July 24th, at 10.30 a.m., Sir Francis Champneys presiding, with the following results:—

Struck off the Roll and Certificate Cancelled: Midwife Emily Grainger (No. 20,173), Midwife Agnes Mary Perley (No. 23,171, C.M.B. Examination), Midwife Mary Ann Reay (No. 13,277), and Midwife Fanny White (No. 6,480).

Cautioned: Emily Eugenie Cox (No. 38,549).

MONTHLY MEETING.

The Monthly Meeting of the Board, the last before the holidays, was held at the conclusion of the Penal Board.

A presentation on behalf of the Board was made by the Chairman to Mr. G. W. Duncan, who has been Secretary from its establishment, and who tendered his resignation as from September 6th next, with much regret. It took the form of a piece of furniture and was, therefore, not in evidence.

In thanking the Board, Mr. Duncan said that he owed a great deal to every member of the Board, and mentioned, in particular, the Chairman and Miss Paget. Miss Paget had had a great deal to do with the inception of the Act, and she also represented the interests of midwives on the Board. He could not express his indebtedness to the Chairman, who had made his work so pleasant, and so easy, and lightened his labours. He also referred to the assistance he had had from the office staff from the first. It would have been impossible for him to have performed his duties without the willing assistance he had received from them. Of the present staff Miss Short had been there twelve years, and two other members thirteen and fourteen years respectively, which said a good deal for the interest they had shown in the work of the office, and also, he hoped, that their work was not unpleasant to them.

He also acknowledged the kindly and courteous letters he had received from many of the examiners, and recalled that when on applying for the post he appeared before the Board, and the Chairman inquired whether he would take an abiding interest in the work, he had said that his desire was to help to make the Act a success.

Miss Paget, speaking for midwives, said that she had heard many expressions of regret from the midwives with whom she had come in contact at Mr. Duncan's resignation; they spoke—even those summoned before the Board—in the highest

terms of his courtesy, and with great regret of his resignation.

REPORT OF STANDING COMMITTEE.

On the recommendation of the Standing Committee, the applications of three candidates for admission to the Board's examination under special circumstances were granted.

The Secretary reported that a candidate for the examination of August 1st had tendered a certificate of birth which appeared to have been tampered with, and it was resolved not to admit her to any examination before that of November 3rd.

A letter was received from the Medical Officer of Health for Winchester inquiring (a) Whether the rules of the Board deal with the question of practice by a midwife supposed to be a chronic carrier of disease; (b) Whether such a woman if suspended from practice in order to prevent the spread of infection, would be entitled to compensation from the Board, or from the Local Supervising Authority which has suspended her.

It was decided that the replies be:—(a) That the question of practice by a midwife liable to be a source of infection is dealt with in Rule E.6; (b) That by Section 6 (2) of the Midwives Act, 1918, where "a midwife has been suspended from practice in order to prevent the spread of infection the Board, or the Local Supervising Authority by whom she was suspended, may, if they think fit, pay her such reasonable compensation for loss of practice as under the circumstances may seem just."

APPLICATION.

To be certified by the Board—The applications of six Irish midwives to be certified by the Board were granted, on the payment of a fee of one guinea.

The Secretary reported that, in conformity with the Board's resolution of July 25th, 1918, he had placed the name of Margaret Agnes Fleming (No. 49,054), a midwife certified by the Scottish Board, on the Roll.

For Voluntary Removal of Name from Roll.—Three applications were granted.

APPROVAL AS TEACHER.

Midwife Charlotte Nairne Smart (No. 37,066) was approved. Midwife Ellen Maud Hendry (No. 25,574) *pro hac vice*; and Midwife Kate Angelina Hall (No. 36,474) *pro tem*.

APPROVAL AS LECTURER.

Mr. John Yerbury Dent, L.M.S.S.A., was approved *pro tem*.

APPOINTMENT OF NEW SECRETARY.

Subject to the approval of the Ministry of Health, Mr. Herbert George Westley, M.A.

(Cantab.), was appointed Secretary of the Board as from September 6th next, at a salary of £600 per annum, with annual increments of £20 up to £800 per annum, the salary to be deemed to include any War Bonus awarded up to this date.

MATERNITY BENEFIT.

A TEST CASE.

A test case of considerable importance under the National Insurance Act was decided in the Divisional Court on July 25th before the Lord Chief Justice, Mr. Justice Darling, and Mr. Justice Bray, when, by a majority decision the Court came to the conclusion that maternity benefit was payable in the case of the confinement of a married woman by reason of the fact that her husband was an insured person, irrespective of the paternity of the child.

The case was stated by the Insurance Commissioners to whom a married woman had appealed against the decision of the Northumberland and Miners' Permanent Relief Fund Friendly and Approved Society, that she was not entitled to the benefit because her child was illegitimate.

The Ministry of Health was represented by the Attorney-General and the Society by Mr. Comyns Carr.

The dissentient judge was Mr. Justice Darling, his reasons being that the insured person was a man who went away as a soldier, and during his absence his wife bore a child of which he was not the father. It was said that the man's contributions to the Society, and those of his fellow members, should be applied to provide maternity benefit for the child of a woman who was not herself insured, and of a man who was not insured. That meant the husband's money would be used to provide comforts for an unfaithful wife and for the child of another man. His Lordship saw nothing in the Act which compelled him to agree to this.

Mr. Justice Bray considered if the ordinary grammatical sense of the words of the Act, were adopted by the Court it must approve of the payment of the benefit, and this view was endorsed by the Lord Chief Justice, who held that the maternity benefit was intended for the woman and child and not for the husband, except in the sense that it was an advantage to him that his wife should be properly treated. Doubtless, it was intended by the legislature primarily that the benefit should be paid in respect of a child born of the marriage, but the language of the Act was wide, and covered the case of the wife of an insured person without limitation. He could not add words of limitation, and had come to the conclusion that the only safe course was to read the words in their proper grammatical meaning. His lordship, therefore, decided that the maternity

benefit was payable if the husband of a married woman was an insured person irrespective of the paternity of the child.

We consider this judgment sound. The province of the Court is not to sit as a Court of Morals, but as a Court of Law, and to administer the law as it stands.

If the paternity of a child must be legally proved before the mother is entitled to maternity benefit, the administration of the Act will be greatly complicated.

POST CERTIFICATE SCHOOL FOR MIDWIVES.

The General Lying-in Hospital, York Road, Lambeth, is opening in October a school intended chiefly to benefit midwives practising in country districts, and who may not have opportunities of keeping in touch with modern teaching and methods; midwives who took their training years ago will also find it valuable to enable them to rub up their midwifery, and newly qualified midwives who need "some half-way house between studentship and independent practice" will have the opportunity to gain further experience and confidence in the work. The hospital has taken over the midwifery centre at 77, Southampton Street, Camberwell, S.E.; from six to eight hundred patients are attended yearly, so every facility will be available for practical work. In addition to this students will have opportunities to see abnormal pregnancies and labours in the hospital, attend special hospitals for eye and venereal disease, and gain experience of work at infant welfare centres.

The Sister-in-Charge will conduct classes, teach modern methods of booking, ante-natal visiting, note taking, and co-operation with other social agencies. A sister-tutor at the Hospital will give demonstrations on the preparations of artificial foods, preparations for small operations, and nursing of abnormal cases, &c. The students will attend the Physician's lectures, and bed-side clinics; and any other outside lectures likely to be useful to them.

The syllabus and application form may be had from the Sister-in-Charge; the length of the term is two months, but arrangements may be made for a course of one month, if two applicants agree to take one month each. The fees for board, lodging and instruction are 16 guineas. It is hoped that many midwives will avail themselves of this opportunity to improve their knowledge. If they are debarred owing to the expense, an appeal to the local supervising authority might be effective in securing a governmental grant. The General Lying-in Hospital has a well-deserved reputation as a teaching school, and was one of the first to throw open its doors to all midwives, desirous of post-certificate teaching. We warmly wish this extension of the good work of the hospital in improving the midwifery service of the country, the success it deserves.

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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Vol. LXII

EDITORIAL.

THE THANKS OF PARLIAMENT.

"That the thanks of this House be accorded to the women of the medical and other auxiliary services for their devotion in tending the sick and wounded as for other duties faithfully and bravely discharged."

In the above words the Prime Minister included in the Votes of Thanks to the Forces, which he moved in the House of Commons on Wednesday last, the recognition of trained nurses amongst those whose services he invited the House of Commons to honour by recording its thanks to them for the faithful and brave discharge of their duty during the recent war.

It will always be a matter of pride to the nursing profession that its members were permitted to utilise their skill for the benefit of the sick and wounded in the great war to an extent never before known in war time.

It has always been the official policy in former wars to restrict the services of women nurses to the base hospitals, and to hold that the conditions prevailing nearer the front were unsuited for their employment.

Nurses held different views. They considered that wherever there were sick and wounded whom they could assist, right of place was theirs, and they were willing to take all risks if they might perform what they held to be their duty, and bring to the men who had served their country so nobly the skilled services which they were qualified to render by years of arduous apprenticeship in hospital wards.

Sir Anthony Bowlby, late Consulting Surgeon to the British Army in France, in an address delivered to the Abernethian Society of St. Bartholomew's Hospital, London, told how the Sisters came to be employed at the front.

"It was," he said, "the considered policy of the Army before the war that no wounded should be retained near the front longer than was absolutely necessary, and at the first battle of Ypres there were only three Casualty Clearing Stations close to the battle in which 13,000 men were wounded. Each had a staff of six medical officers, a commanding officer, a quartermaster and eighty orderlies. They had no beds, and only 200 stretchers.

BEDS USELESS WITHOUT SISTERS.

"Towards the middle of November," Sir Anthony writes, "it was suggested that some beds might be got for the worst cases in the C.C.S.s, and we got twenty beds to start with. That was a beginning, but when we got the beds we said: 'It is no good having beds for sick patients unless you have nursing sisters!' The latter were not supposed to go to the C.C.S.s, but when we got the beds we asked for them, and said: 'Until you have sisters you will not get a sufficiently high ideal of work.' We wanted to do things as well as they did them at any great civil hospital; so we got twenty beds to begin with, and we got five nurses to each C.C.S."

How the Sisters justified their employment in the front line hospitals all the world knows, and they have, moreover, established a precedent, whether serving in Casualty Clearing Stations, on hospital ships, and in other dangerous positions, on which there can be no going back in future wars. "What I have I hold." To the thanks of Parliament will assuredly be added those of the men whose lives the Sisters have helped to save, and the gratitude of relatives of those who made the supreme sacrifice in the cause of freedom, and whose passing was the easier because, as they passed over, they had the support and care of skilled and sympathetic women nurses.

OUR PRIZE COMPETITION.

WHAT ARE THE SIGNS AND SYMPTOMS OF GALL-STONES? WHAT INSTRUMENTS WOULD YOU HAVE READY FOR THE OPERATION? HOW WOULD YOU NURSE A CASE AFTER OPERATION?

We have pleasure in awarding the prize this week to Miss Minnie Penman, 18, Beaumont Street, W.1.

PRIZE PAPER.

Gall-stones (Cholelithiasis) may arise in any of the bile passages, but they are most frequently found and formed in the gall-bladder. They may lie for years in the gall-bladder and give no trouble, but as a rule they produce marked symptoms in one of three ways.

(1) The mere presence of stones in the gall-bladder may give rise to much irritation, pain and discomfort on the right side of the abdomen, with dyspepsia and flatulency. The only physical signs are rigidity of the upper right rectus, and pain and arrest of respiration on taking a deep inspiration. When bacteria find an entrance from the bowel, high temperature and sweatings develop; suppuration may come on.

(2) In other cases, typical attacks of gall-stone colic are present, and represent the attempts of the gall-bladder to expel the stone along the cystic duct. Agonizing pain is felt in the epigastrium, shooting up to the right shoulder. Vomiting, sweating, and a feeling of chilliness, amounting sometimes to a rigor, is present, and in many cases jaundice appears during the next forty-eight hours. The attack may pass off suddenly, and the patient may feel perfectly well between attacks. Evacuations from the bowels should be carefully examined for stones which may be passed per anum after an attack of gall-stone colic.

(3) Sometimes the stone remains impacted in one of the ducts. In this case the pain passes slowly off as the muscle fibres become tired out, only to return again and again, until it becomes almost constant. Gradually increasing jaundice comes on, till the skin becomes even a dark olive brown. At the same time the patient may lose weight and strength, and suppuration may eventually ensue.

The instruments required for an operation in which cholecystostomy is performed are:—two pairs of dissecting forceps (with teeth), two pairs of dissecting forceps (without teeth), three pairs of clip forceps, four pairs Lane's forceps, four pairs catch (peritoneal) forceps, two dozen artery forceps, two blunt hook retractors, two large retractors, two tooth

retractors, one probe, one long director, six towel clips, one pair large and one pair small sinus forceps, one blunt dissector, four sponge-holders, two abdominal retractors, two gall-stone scoops, one table-spoon, and a small boiled kidney dish, and one flexible probe.

Post-operative Treatment.—The usual care of patients after abdominal operations should be taken, and the patient should be put into the Fowler position as soon as possible. The drainage tube which is inserted into the lower end of the wound should be led into a graduated receiver, and the amount of bile recorded every twenty-four hours. The tube, which is stitched in with catgut, comes loose, as a rule, in about a fortnight, and gradually the wound will heal up. Should healing be slow, a daily application of Bier's cup will suck out all discharge and improve vascularity of the walls of the sinus.

Urotropine is usually given at first to sterilise the bile, and alkaline drinks (sodii bicarb) *ad lib.* A diet suitable for biliously-inclined people is usually ordered. Itching in jaundice is sometimes troublesome, and alkaline, or weak carbolic sponging, is found beneficial.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss W. M. Appleton, Mrs. Farthing, Miss H. T. Inglis, Miss M. James, Miss P. Thomson, Miss J. Stileman.

QUESTION FOR NEXT WEEK.

What are the principal emetics, and in what cases are they used?

THE PENSIONS NURSING SERVICE.

Sir L. Worthington Evans, Minister of Pensions, in the House of Commons last week referred to the division dealing with the medical services of the Ministry, of which Colonel Webb has been appointed Chief Medical Officer. In this connection he said:—

"The work of this division is probably the most important of any of the divisions of the Ministry. It deals with that primary necessity of the disabled man, namely, the provision of medical treatment both in hospitals and clinics and convalescent centres. . . . As we take over hospitals, we are bound to provide a nursing service, and I am glad to say that Queen Alexandra has graciously consented to be President of the Pensions Nursing Service. I have been fortunate in securing as Matron-in-Chief Miss M. E. Davies, R.R.C., and she will act with an Advisory Committee."

THE RIVER PAGEANT.

SEA SERVICES COMMEMORATION.

It was a happy thought to commemorate the anniversary of the mobilisation of our sea power on August 4, 1914, by a River Pageant, in which everyone, from the King and Queen to the smallest London urchin, could take part. Many thousands of seats, in windows and elsewhere, were disposed of "from a guinea and upwards," but the wise, including many nurses, —shared the joys of the proletariat, and mak-

sticky brown stuff, he was supremely happy, and his mother, knowing that the wash-tub would soon put things to rights, seemed quite satisfied.

Two little street arabs, wonderfully alert and well-informed, enjoyed themselves hugely, living for the moment. "There's the submarine-chasers!" they cried, as these wonderful boats dashed up the river to the delight of the spectators, and the "fire-engine boat."

"When the Royal Barge comes will the King and Queen be in it?" I assured them they would. "Really and truly the King and Queen, not just wax effigies?" "Really and



Daily Mirror.

THE ROYAL PARTY AT THE SALUTING BASE, ROYAL PAVILION, CADOGAN PIER.

ing an early start, gained points of vantage on bridges, and best of all, perhaps, in Battersea Park. No long hours of waiting in close rooms, but the beauty of the Park for background, the fresh invigorating breeze off the River to be enjoyed, and the movements of the craft which sped up and down as a perpetual interest. It was a holiday after nurses' own hearts, and after those of fathers and mothers, too, for they came, hundreds of them, with their families, and enjoyed an *al fresco* lunch. Good substantial sandwiches and home-made "toffee-apples" seemed the most popular, and if the baby did smear his chubby face, and his spotless white frock, with the

truly the King and Queen" seemed quite to content them, and they shouted themselves hoarse as the Barge with its picturesque watermen, rowing superbly, drew up at Cadogan Pier, and their Majesties, with the rest of the Royal Party, alighted, while the guns thundered their welcome, and proceeded to the Pavilion, where the King took the salute. The little children were put into the front row, the "Aussies" swarmed up the trees and obtained a coign of vantage in the branches. Somehow most people managed to get a peep.

It is a day to be remembered with thanksgiving.

M. B.

HONOURS FOR NURSES.

The King held an Investiture in the Quadrangle of Buckingham Palace on July 31st.

The Most Excellent Order of the British Empire.

MILITARY DIVISION.

His Majesty invested Dame Sidney Browne, Territorial Force Nursing Service, with the Insignia of the Order of the British Empire as Dame Grand Cross.

His Majesty also conferred decorations as follows:—

Royal Red Cross.

FIRST CLASS.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Sister Patricia O'Curran, Sister Edith Sutton and Sister Louise Thurling.

Territorial Force Nursing Service.—Sister Mollie Jones, Sister Gertrude Lulham, Sister Nellie Nicholls, and Sister Edith Parsloe.

SECOND CLASS.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Sister Susan Baxter, Sister Edith Carter, Sister Gertrude Custance, Sister Mary Colston, Sister Sybil Gardiner, Sister Joan Heinig, Sister Lilian Jeans, Sister Ethel Webb-Johnson, Sister Agnes Kinnear, Sister Catherine Lewis, Sister Henrietta Mackay, Sister Anne Mathieson, Sister Dorothea Rudman, and Sister Elizabeth Spensley.

Territorial Force Nursing Service.—Sister Amelia Derry, Sister Eliza Harrison, and Staff Nurse Florence McKellar.

British Red Cross Society.—Sister Millicent Rutherford-Hams.

Voluntary Aid Detachment.—Mrs. Ruth Cowan, The Countess of Dudley, and Miss Norah Webb-Johnson.

Australian Army Nursing Service.—Sister Agnes Bonnar.

The Military Medal.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Sister Jane Spence and Staff Nurse Ethel Garrett.

Territorial Force Nursing Service.—Sister Julia Herbert.

The King also held an Investiture in the Quadrangle at Buckingham Palace on August 2nd, when he conferred decorations as follows:—

Royal Red Cross.

FIRST CLASS.

Matron Constance Grasett, Civil Nursing Service.

SECOND CLASS.

Queen Alexandra's Military Nursing Service (India).—Sister Eliza Watt.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Matron Madeleine Harrower and Staff Nurse Florence Runton.

Civil Nursing Service.—Matron Eleanor Mason and Miss Margaret Edwards.

British Red Cross Society.—Miss Mary Molloy and Miss Lilian Trotter.

Voluntary Aid Detachment.—Miss May Keyser.

Queen Alexandra received at Marlborough House the Members of the Military Nursing Services who have been awarded the Royal Red Cross and the Military Medal, subsequent to the Investiture at Buckingham Palace.

The King has awarded the Royal Red Cross to the under-mentioned ladies in recognition of their valuable nursing services in connection with the war:

Bar to the R.R.C.

Miss K. E. McC. Anderson, RRC, Matron, QAIMNSR, Bagthorpe Military Hospital; Miss H. Burton, RRC, Matron, QAIMNSR, Military Hospital, Canterbury; Miss H. Hannath, RRC, Matron, TFNS, 5th Northern General Hospital, Leicester.

Royal Red Cross.

FIRST CLASS.

Miss C. Alexander, ARRC, Matron, Isolation Hospital, Old Sarum, Salisbury; Miss J. E. Armstrong, Sister, Ancoats Hospital, Manchester; Miss H. M. Baillie, Matron and Sister-in-Charge, Bridgnorth Infirmary, Shropshire; Miss C. Battye, ARRC, Sister, TFNS, 1st Western General Hospital, Liverpool; Miss E. F. Beloe, ARRC, Matron, QAIMNSR, Central Hospital, Herne Bay; Miss M. Bolderstone, ARRC, Assistant Matron, TFNS, 3rd Scottish General Hospital, Glasgow; Miss A. Brown, Staff Nurse, QAIMNSR, Prince of Wales' Hospital, Marylebone; Miss E. D. Bullock, ARRC, Assistant Matron, TFNS, 1st Southern General Hospital, Edgbaston, Birmingham; Miss A. G. Carroll-Dempster, Sister, QAIMNS, Military Hospital, Pembroke Dock; Miss E. C. Cobb, Sister, Graylingwell War Hospital, Chichester; Miss M. E. Cooper, ARRC, Matron, Military Hospital, Grantham; Miss M. Cowie, ARRC, Matron, TFNS, 2nd Northern General Hospital, Becketts' Park, Leeds; Mrs. C. P. Craven, Matron, QAIMNS, Ret., Pavilion General Hospital, Brighton; Miss E. M. Crawford, Sister, QAIMNSR, County of Middlesex, War Hospital, Napsbury, St. Albans; Miss A. C. Dent, ARRC, Matron, TFNS, 2nd Southern General Hospital, Bristol Royal Infirmary, Bristol; Mrs. A. A. C. De Winton, ARRC, QAIMNSR, Officers' Convalescent Hospital, Eaton Hall and Hawarden Castle, Chester; Miss H. Dibben, Matron, Hampton Court Auxiliary Military Hospital, Leominster; Miss K. G. Dickinson, Sister, QAIMNS, Queen Alexandra Hospital Millbank.

Mrs. J. Edgar-Bell, ARRC, Assistant Matron, TFNS, 4th Scottish General Hospital, Stobhill; Lady Fox-Symons, Matron, Freemason's War Hospital, Fulham Palace; Miss H. M. Fraser, Matron, Dr. Gray's Hospital, Elgin; Miss L. K. Garnet, Matron, Borough Isolation Hospital, Weymouth; Miss Z. Hailstone, Sister, TFNS, Cowley Special Surgical Military Hospital, Oxford; Miss M. B. Heffernan, QAIMNSR, Hospital for QAIMNS, 71, Vincent Square, London; Miss E. M. Henderson, Senior Sister, War Hospital, Keighley; Miss L. Hill, ARRC, Assistant Matron, QAIMNSR, Prisoners of War Hospital, Belmont; Miss A. M. Hollely, Matron, Exeter War Hospital; Miss W. Hughes, ARRC, Sister, QAIMNSR, Berrington War Hospital, Shrewsbury; Miss A. E. Holbert, Sister, QAIMNSR, The King George Hospital, London; Miss G. S. Jacob, ARRC, Sister, Acting Matron, QAIMNS, Military Hospital, York; Miss M. E. Jones, Matron, Essex County Hospital, Colchester; Miss A. Kirkman, ARRC, Matron, Springfield War Hospital, Upper Tooting; Miss C. Leigh, ARRC, Matron, Endsleigh Palace Hospital; Euston Road, London; Miss D. J. Macgregor, ARRC, Acting Matron, QAIMNS, Military Hospital, Magdalen Camp, Winchester; Miss M. S. MacInnes, ARRC, Matron TFNS, Craiglockhart War Hospital, Edinburgh; Miss M. M. Macmillan, ARRC, Matron, Borough Hospital, Birkenhead.

(To be concluded.)

NURSING ECHOES.

The Nightingale Fund has offered this year three scholarships, tenable for one year, at King's College for Women, Campden Hill, to any nurses trained in the Nightingale School, to assist them in qualifying for higher posts in their profession. At the recent election the following candidates were elected scholars:—Miss Gladys Verena Hillyers, Miss Theodora Manie West Watson, and Miss Mary Elizabeth Gordon Milne.

The uniform of the trained nurse is put to all kinds of uses, and we are glad to see a stand made by Miss Annie Bacon, a health visitor in the employment of the Southwark Borough Council.

Miss Bacon, who has been in the service of the Council for nearly three years, has declined to wear such a uniform, on the ground that she is not entitled to do so.

We understand that the Southwark Borough Council have not approved a uniform of a special pattern for their Health Visitors, but expect them to wear one of which they approve, including a nurse's bonnet out-of-doors, and a cap resembling the Army Nurses' cap when on duty in a Clinic. Miss Bacon declines to wear the bonnet or cap as she does not wish to be camouflaged as a trained nurse, but is proud of being a Health Visitor, for which position she holds several certificates, viz., the certificate of the Sanitary Inspectors' Examination Board, London, and certificates from the Royal Sanitary Institute, Buckingham Palace Road, London: (1) as an Inspector of Nuisances, (2) as a Health Visitor, (3) in School Hygiene and Elementary Physiology.

No mention is made in the "Duties and Conditions of Appointment" printed on the form signed by Health Visitors applying for appointments under the Southwark Borough Council, that they will be required to wear uniform, but Clause 6 covers a very wide ground, one of the "Duties" being "To observe and execute, in regard to matters not specifically provided for, . . . any such Order or direction of the Sanitary Authority or the Medical Officer of Health as may be applicable to her office." Those applying for nursing and other appointments cannot be too careful in considering provisions to which their assent is required.

At a recent meeting the Southwark Borough Council decided to give Miss Bacon three months' notice to terminate her appointment.

Meanwhile she has herself written resigning her position.

We are glad that Miss Bacon has the courage to refuse to wear a uniform to which she does not consider herself entitled, and to give her reasons for doing so.

Lady Welfare Superintendents are about to be appointed by the Co-operative Wholesale Society, Ltd., for their various productive factories.

"An ideal holiday, only far too short," was, a private nurse writes, "the unanimous verdict concerning the Nurses' Missionary League Camp; and how we enjoyed every moment of it!—the pity of it being that it was only for one week, which seemed to pass faster than any week of the fifty-two."

'Greendale,' Mottram St. Andrew, one mile from the interesting, historical old village of Prestbury, where the N.M.L. Camp was held last week, could not be surpassed by any spot in England as a summer camping place for tired nurses.

Our landlady we could not praise too highly. Surely there was never a more sympathetic, clean, kindly and capable one! What a cook! How we enjoyed her delicious, home-cured, fried ham and eggs, done to a turn; her home-made butter and cheese; the creamy coffee and tea; glasses of milk, warm from the cow; fresh vegetables, and fruit, all of the best.

Miss Richardson, who so ably arranges everything for our comfort in camp, was as usual unsparing of her time, energy, and loving-kindness; she brought each of us the cup of delicious hot tea (so beloved of nurses), and called us in the mornings before our 9 o'clock breakfast.

Miss Simmonds, one of our members home on furlough from India, was with us this year, and conducted the Bible Study Circle. She made the subject so interesting, the hour passed as in a few minutes.

We had also morning and evening prayer; the rest of the day being perfectly free.

What country rambles we had; the scenery so restful, varied, distant and interesting, with the Derbyshire hills in the distance; the fine trees, the wild flowers, plants, birds and animals in the woods and fields around us; the pic-nic teas in the fields (home-made cakes or gifts from campers); the fun, the laughter, the high spirits of the care-free, made all feel years younger than a short week ago; the friendships—some begun, some continued from former camps and training schools—made us resolve (God willing) to meet at future camps."

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

LETTER FROM MAJOR BARNETT.

The following letter has been received from Major Barnett, in reply to one conveying the thanks of the General Council of the Royal British Nurses' Association for his splendid efforts to obtain for the nurses protection for their professional qualifications.

EXERTIONS NOT THROWN AWAY.

Park Lodge,
Park Village West, N.W. 1

July 24th, 1919.

DEAR MISS MACDONALD,—I am exceedingly obliged by your kind letter of the 18th inst. and by the Resolution of the General Council of the Royal British Nurses' Association, which you are good enough to convey to me.

I feel sure that our exertions have not been thrown away, and that in the near future your Association and the other societies connected with the Central Committee will see the triumph of the principle for which they have fought so long and so valiantly.

Believe me,

Yours very truly,

R. W. BARNETT.

PRESENTATION TO MRS. REIDY.

A very delightful evening was spent at the Town Hall, Stepney, on July 26th, when Mrs. Reidy, ex-Mayoress of Stepney, and a member of the R.B.N.A., was the guest of the evening. The Mayor of Stepney occupied the chair, and the Mayoress was also present. The Mayor, and later the Town Clerk, spoke of the immense services which Mrs. Reidy had rendered so whole-heartedly to Stepney, and particularly of the splendid work she had done for various benevolent schemes. An enormous bouquet of tall lilies and carnations, with long trails of white blossoms, was presented to Mrs. Reidy from the discharged sailors and soldiers of Wapping, and later the Member of Parliament for Stepney, Alderman Riley, presented to Mrs. Reidy a magnificent dressing-case with gold and tortoise-shell fittings.

Mrs. Reidy, who was accorded a great ovation

on rising to speak, thanked the people of Stepney in a very graceful speech, paying a tribute to the loyalty and support that she had always been able to rely upon, from them, when any work for the welfare of the borough had to be undertaken. Referring to the flowers given to her from the sailors and soldiers, she said they had only one disadvantage, one day they must fade, but in her heart the memory of them would never fade. Other speakers spoke eloquently of the love and esteem which the people of Stepney felt for their ex-Mayor and Mayoress, Dr. and Mrs. Reidy, and after some songs and music, dancing commenced, and was continued until the early hours of the morning.

Mrs. Reidy, in addition to her activities in connection with many branches of work in Stepney, is a member of the St. George's Board of Guardians and of the Metropolitan Asylums Board. In addition to all her public work, she still finds time to take a keen interest in the affairs of the profession to which she belongs, and her fellow members join in offering her their congratulations upon the honour paid to her.

ENGAGEMENT.

On August 28th, at 10 a.m., the marriage will take place of Thomas Collett, Esq., to Miss Cornelia Cave-Brown-Cave at St. Cyprian's Church, Clarence Gate. Miss Cave-Brown-Cave's popularity among her fellow Members is evidenced by the fact that at the recent election of Members of the General Council her name stood at the top of the list, in the Sisters' and Nurses' Section, when the result of the ballot was declared. We all unite in wishing her much happiness.

We are glad to learn that Miss Cave-Brown-Cave and her husband will reside in London for a time, at least, after their marriage, so that she will still be able to take part in the business of the Association.

MARRIAGES.

At St. Stephen's Church, Kensington, on Monday, 25th ult., Miss Margaret Broadfoot was married to the Rev. A. Lloyd Jones.

Miss Maud Skipper was married recently to J. H. Grinham, Esq., of 33, Chandos Road, N.

MY IMPRESSION OF THEIR MAJESTIES' GARDEN PARTY FOR WAR WORKERS.

It would be difficult to believe from the front view of Buckingham Palace that such extensive grounds were on the other side, and when we were there London seemed so far away. What sights awaited all who received the command to attend; uniforms of every possible description were to be seen. Could our beloved Queen have spoken to every one of her guests I am sure she would have done so, and if we crowded nearer than we should, she would be the first to forgive us, knowing that it was due to our great affection and admiration for her. I stood quite close to *our* Princess, who looked, as always, the great and gracious lady she is, Princess Mary was there in the uniform of a V.A.D. The whole thing was so wonderfully organised, and we thoroughly enjoyed it from the moment we entered the Palace to the time when we left, with never-to-be-forgotten memories of a delightful afternoon, happy in the consciousness that bloodshed and strife were not going on across the Channel. To judge from their medals, most of the servants at the Palace had "rendered conspicuous service" to their country.

Everyone on entering was handed a card with the letter on it of the tent where to go for tea—and what a tea! The tables, decorated with masses of Malmaison carnations, were lovely. The King's tent was beautiful with rambler roses and gold plate and a great group of Malmaison carnations at the entrance. Under the canopy that was used at the Delhi Durbar the Queen received her guests. May Their Majesties now enjoy the rest of their Scottish home, and long may they reign!

JESSIE HOLMES.

BABIES OF THE EMPIRE SOCIETY.

We hear that two readers of the JOURNAL have misunderstood part of the very condensed report of Miss Patrick's lecture, which appeared in our last Supplement. Referring to her statement that in New Zealand there was State Registration of Nurses; State Registration of Midwives; Government Maternity Hospitals; Supervision of Hostels for Children, and Registration of Births, we stated that "All these conditions have not yet been established in the Mother Country." Obviously the emphasis should fall on the first word in the sentence, so giving the sense that not all of those different conditions have been attained in England. Naturally the lecturer and those present knew, for instance, that we have Compulsory Registration of Births in England, but State Registration of Nurses has not yet been established here, although the nurses in New Zealand secured this reform as far back as 1901.

Nurses interested in the important field of Infant Welfare, which holds such promise of expansion and opportunity, should write to the Secretary, Babies of the Empire Society, 29, Trebovir Road, S.W. 7, for particulars of the course of study at Dr. Truby King's Centre.

CORRESPONDENCE.

Whilst welcoming communications from its Members the Corporation does not hold itself responsible for individual expressions of opinion.

ETHICAL STANDARDS IN NURSING POLITICS.

To the Secretary of the R.B.N.A.

DEAR MADAM,—We are indebted to you for your article on "Ethics" in the JOURNAL of 12th inst. It clearly shows how many of the present Matrons are quite alive to what they look upon as the dangers that might follow the education of their nursing staff!

I am sure many nurses would be interested to know how many of those who refused admittance to the R.B.N.A. speakers have on previous occasions made arrangements for speakers from the College of Nursing, Ltd.

This kind of coercion of hospital nurses may appear to succeed for a short time, but the ultimate result of a one-sided education will be that nurses will be forced to regard their employers with distrust. Then discord and friction will arise. Many who feel that they have been duped will adopt practical methods of retaliation, and the blame will be with those who have stunted the education of the profession. I feel sure many of the Scottish nurses would like to have the advantage of hearing speakers from the R.B.N.A. One is apt to lose sight of the fact that the R.B.N.A. is not only an English, but a British Association, and that it has many sympathisers on this side of the Border, although its headquarters are in London. Nurses must realise that the time is coming when they must make or mar their own profession. Which is it to be? Will they make it a self-respecting, self-supporting profession, governed by the profession, or will they be content that a limited company of laymen and employers shall control the activities of the nursing profession? If so, it cannot even claim to be a profession. The decision must not be left to Government? The British nurses' opportunity for emancipation and achievement must not be lost! Let each of us put our shoulder to the wheel to secure the passage of a just Bill.—Yours truly,

C. H. McARA.

West Lettock, by Advie-on-Spey,

OBITUARY.

It is with very deep regret that we have to report the death of Mrs. Cecil Lyster. Her name was the sixth to be placed on the Register of the Corporation, so that she is amongst its earliest members. Previous to her marriage with Dr. Lyster she was Miss Edith Thompson, and held the position of Matron of Bolingbroke Hospital. Mrs. Lyster took a very active interest in the work of the Corporation for many years.

ISABEL MACDONALD,
Secretary to the Corporation.

10, Orchard Street, London, W.

PERSISTENT MENDACITY.

We own to a slight shock when we overheard a noble Lord corrected in his own "House," when speaking of the College of Nursing a nurse chipped in and called it "the College of Lies!" Not that we differed from her estimate of the veracity of many of its partisans, but because all truths are not to be told at all times.

But, really, when we took up the recent copy of *The Royal Free Hospital Nurses' League Journal*, we could not help pitying the members of that League in being so purposely misinformed and misled. We do not know who is responsible for editing this publication, but whoever she is, she is unworthy of the responsibility!

First of all, these misguided nurses are told: "As we go to press, the Central Committee's Bill has been withdrawn on the Report Stage." This is not true; the Central Committee's Bill has not been withdrawn, and is still before Parliament; the scheme of the College of Nursing—to introduce its own Bill into the House of Lords and use every effort to have the Central Committee's Bill withdrawn, so that it would have a clear course in the Commons—has, of course, been resisted by Major Barnett, and those whose considered opinions he represents, and quite rightly so.

Then Royal Free Nurses are told that "the Minister of Health further stated (in the House of Commons) that the Government would bring in a Bill of their own at the earliest date possible, and which would deal with Registration only, leaving all such questions as education and conditions of employment to be considered in another manner."

The Minister of Health made no such statement in the House of Commons, as the official reports of the Parliamentary Debates prove. No professional Registration Act can be of the least value which does not empower the Governing Body (the General Nursing Council) to define and supervise educational standards, as the Medical and the Midwives Acts do, and hold a central examination before registration.

"The position quite briefly, therefore, is," says the misleading editor of *The Royal Free Hospital Nurses' League Journal*, "that at the present moment both Bills are dead." Why "at the present moment"? The dead do not arise in this non-miraculous age, and the Central Committee's Bill will only cease to exist with the Session, in Parliamentary order. What cataleptic phases the rival College Bill may be feigning to gain its unworthy ends, we know not—neither do we care.

THE TWO BILLS.

An article also appears in the *Journal* headed "The Two Bills," signed "L. G. B." and it is after reading this malicious misrepresentation of the provisions of the Central Committee's Bill, that the description of "a College of Lies" recurred to our memory.

This article begins with the silly deductions from the Memorandum of the Central Committee's Bill, but does not repeat the lie circulated by the College Council and Miss Ferrier, that the membership of the affiliated nurses' societies only amounts to 4,000, when well aware that upwards of 15,000 nurses have supported these organisations, in spite of the tyrannical opposition of the Training-Schools and the majority of their Matrons to free co-operation amongst trained nurses; and to boast of the nurse-membership of the College is merely to prove that 14,000 trained nurses—the majority under Training-School control—have signed the College Serf-Clause, agreeing to be removed from membership and its Register *without power of appeal*; thus proving themselves not only devoid of self-respect and professional responsibility, but a positive danger to the liberties of their colleagues, who decline to place themselves in a position so degrading—not only professionally, but humanly. Give us an intelligent minority of self-respecting human beings, as the affiliated members of the Central Committee are, to a whole flock of woolly sheep who are content to be sheared and shepherd by every class of exploiter.

Then we have an attack upon the Matrons' Council, and these pioneers of every nursing reform accomplished in the past quarter-of-a-century, are compared to the timorous time-servers, who have promoted a rival Matrons' Association, and who have opposed registration and all it stands for, at the dictation of their committees; and now, when the battle is won, rush in again by the permission of their lay controllers, to attempt to grab the fruits of their colleagues' devoted work for the public good. Personally we have no use for women of this type, and advise "L. G. B." to read nursing history in the hope that she may feel some sense of shame in attempting to blacken the reputations of women, "the latchet of whose shoes she is not worthy to stoop down and unloose."

"THE BIGGEST BANG."

But the biggest lie of the lot is the repetition of the statement first floated by Miss Rundle in the *Evening Standard* that the amendment making possible the registration of nurses without training was promoted by the Central Committee. "L. G. B." states that the "Central Committee's Bill has a dangerous clause that states 'any person, who, within three years from the commencement of the Act, produces satisfactory evidence to the Council of having been for at least three years in a *bona fide* practice as a nurse in attendance on the sick, as to the conditions under which she was so engaged may claim to be registered.' And it is the promoters of this Bill who say that the College is out to register the V.A.D.!" exclaims this perverter of the truth, who quotes the Government amendment to the Bill, well knowing it is not and never has been in the Central Committee's Bill. Apparently "L. G. B." makes the above statement to incite Royal Free nurses against the pioneer Bill.

THE CENTRAL COMMITTEE'S CLAUSE.

To quote the clause dealing with the registration of *bona fide* nurses from the *printed* Bill drafted by the Central Committee.

(Clause 12, subsection 4) produces evidence satisfactory to the Council of training prescribed by the rules framed under the provisions of this Act, and has, in addition, been for at least three years in a *bona fide* practice as a nurse.

"L. G. B." further deludes her readers by quoting part of the clause dealing with the *bona fide* nurse in the College Bill.

The College Bill omits all mention of *training*, and leaves everything to chance and the caprice of persons who may form the first Council, but "L. G. B." carefully keeps from them the fact that not one seat is *secured* to the registered nurses.

Nearly every paragraph in this article contains, and purposely contains a falsehood. (1) That only 18 instead of 42 members of the Council are elected by the nurses. The truth is that 26 members are so elected, counting the representatives of the R.B.N.A. and the College of Nursing. (2) That the Central Committee's Bill provides for an annual subscription. It does no such thing. The sixpenny register, as "L. G. B." is fully aware, was proposed in, and passed by, Committee E., and is down for elimination by amendment in the name of Major Barnett. But this scurrilous article is only one of many circulated by members of the College of Nursing.

We are tabulating the series, and in the history of this monumental struggle of the trained nurse for emancipation from feudalism, and the manner in which the "Serf Section" of the profession are used to deprive themselves and their colleagues of professional self-government, will, we hope, be a lesson for all time to future generations of nurses. We advise Royal Free nurses to read this Journal weekly, when the evil influence at work in their midst may be somewhat counteracted.

STATE REGISTRATION UP-TO-DATE.

We learn with pleasure that the Executive Committee of the British and Constitutional Labour Party have unanimously adopted a resolution urging that in the interest of the public and the Nursing Profession, a Bill for the State Registration of Trained Nurses should be introduced at once, in conformity with the pledge given by the Minister of Health on June 27th, and expressing the opinion that in any such Bill the following principles should be safeguarded: (1) The establishment of an independent statutory body to maintain the State Register and to control and regulate the curriculum of Nurses' Training; (2) the establishment of a one portal examination for admission to the Register; and (3) representation on the Registration Council of the organised Societies of Nurses—whose efforts have caused the Nurses' Registration Bill to be introduced—and the

direct representation of Registered Nurses by Registered Nurses on their Governing Body.

Although they have been enfranchised for years on equal terms with men, Australasian Trained Nurses appear to have the same difficulty we have at home, in obtaining legal status, and some degree of professional protection. Miss Gretta Lyons, of Victoria, is a valiant fighter in the cause, and in welcoming the Report of the late Chief Inspector of Charities in Victoria, who "urges the necessity for legislation for the protection of trained nurses, and draws attention to the fact that untrained nurses may practice as nurses on an equal footing with trained nurses so long as they do not advertise that they are registered, and who considers the public is at least entitled to know that a person wearing a nurse's uniform had been trained for the profession," Miss Lyons states: "When a person pays the standard nursing fee, it is only just that he should receive the services of a skilled, certificated nurse. Only by registration can the public be safely protected. There appears to be no valid reason why such a needed reform should be delayed. Registration in the different countries has shown gratifying results to the public, as well as to the profession. Had it been in force in Victoria during the influenza epidemic, I am confident the complete organisation arising out of registration of all trained nurses would have amply justified its existence."

And we may add, had the "anti's" now grouped in the College of Nursing, Ltd., not obstructed State Registration for a quarter of a century in this country, the V.A.D. competition with the trained nurse would never have arisen.

Reverting to Victoria, we hope Sir Ronald and Lady Helen Munro Ferguson will not leave Australian nurses unregistered when their term of office expires.

FAIR COMMENT.

The Medical Press has always been sound on the right sort of registration for nurses, and in a recent issue welcomed the announcement made in the House of Commons by Dr. Addison, Minister of Health, that the Government will promote a Nurses' Registration Bill at an early date. *The Medical Press* remarks:—

"By this admirable move on the part of the Minister of Health, the aggressive tactics adopted in the controversy by the College of Nursing Ltd., will no longer avail, while the prospect is favourable, through a Government Act, of nurses being brought under similar statutory control as that which applies to the medical profession."

We invite the Editor of this medical journal to continue his good offices towards a just form of nurses' legislation and to help save us from the "aggressors" and all their "knavish tricks." No self-respecting nurse intends to submit to the "Wrecking Council."

THE HOSPITAL WORLD.

It is with much regret we learn that the financial position of the Dublin hospitals is causing great anxiety. The Whitworth Hospital (which is grouped with the Richmond and Hardwicke) is already closed, and it is quite possible that the Richmond may follow. Dr. Stevens' Hospital is also in a very anxious position. This affects not only the sick poor, but the probationers in training, a number of whom have been sent home from the Whitworth Hospital.

APPOINTMENTS.

ASSISTANT MATRON.

Lambeth Infirmary, Brook Street, S.E., 11.—Miss M. C. Treharne-Jones has been appointed Assistant Matron. She was trained at the Kent and Canterbury General Hospital, and has held the positions of Staff Nurse at the Kent and Canterbury General Hospital; Staff Nurse at the Royal Sussex County Hospital, Brighton; Superintendent of Nurses at Stow Hill Infirmary, Newport, Mon.; Matron of a temporary hospital for typhoid epidemic, near Llanelly; and Matron of a Military Hospital under the Joint War Committee. She is also a certified midwife.

District Asylum, Elgin.—Miss Ethel McLennan has been appointed Assistant Matron. She was trained at the Crichton Royal Institution, Dumfries, N.B., where she has also held the position of Charge Nurse.

NURSE MATRON.

Isolation Hospital, Chester.—Miss Lydia Taylor has been appointed Nurse Matron. She was trained at the Cumberland Infirmary, Carlisle, and the Fever Hospital, Plaistow, and has been Matron of the Grampian Sanatorium, Charge Nurse at Fusehill War Hospital, Carlisle, and Home Sister at the Tuberculosis Hospital for Children, Leasowe.

Isolation Hospital, Hook Road, Epsom.—Miss Ethel Susannah Westcott has been appointed Nurse Matron. She was trained at St. George's Infirmary, Fulham Road, and the South-Western Hospital, Stockwell.

SISTER.

Erdington Infirmary, Birmingham.—Miss Ada Stacey has been appointed Maternity Sister. She was trained at the North Evington Infirmary, Leicester, and has been Maternity Sister at the Bagthorpe Infirmary, Nottingham. She has also had experience of private nursing.

Miss Eva Thorne has also been appointed Sister in the same Institution. She was trained at the Dudley Road Infirmary, Birmingham, and has held the position of Staff Nurse at Enfield Cottage Hospital. She has also had experience of private nursing.

Stockton and Thornaby Hospital, Stockton-on-Tees.—Miss L. Winpenny has been appointed Sister. She was trained at Stockton and Thornaby Hospital, and has been Staff Nurse at the Royal Victoria Infirmary, Newcastle-on-Tyne, and has done military nursing in France, Italy and Salonika in connection with Queen Alexandra's Imperial Military Nursing Service Reserve.

OUR ROLL OF HONOUR.

The War Office has issued a list of casualties to officers, which, we regret to say, includes the following announcement:—

DIED.

Robinson, Sister E., T.F.N.S.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date July 1st, 1919:—

ENGLAND.

Ada M. Chambers, Hilda Collins, Dorothy M. Beazley, Carrie Brazell, Florence Carey, Janet Wilkinson, Winifred H. Bamford, Helen K. Brooking, Bridget Hickey, Maria J. Mitchell, Alice Hale, Ruth Smart, Ellen Shufflebotham, Edith Josephine Bell, Mabel Harper, Esther Swindells, Elsie M. Bath.

WALES.

Annie M. Jones, Annie Roberts.

SCOTLAND.

Bridget Conway, Flora F. Stewart, Isabella Morrison, Jessie Macnab, Flora Macintyre, Isabella K. Wilson, Margaret F. Milne.

IRELAND.

Ellen Breen, Frances Gallagher, Bridget Healy, Kathleen Quinn, Rebecca A. Beattie, Margaret Black, Alice E. Norwell, Agnes Patton.

THE WILL OF JANE A. DELANO.

It is seldom a trained Nurse dies a rich woman, and the Will of the late Miss Jane A. Delano, as reported in the *American Journal of Nursing*, comes as a surprise to her colleagues. It is reported that Miss Delano left a fortune of 500,000 dollars—£100,000—every cent. of which, with the exception of a bequest of a few thousands to an aged aunt, her only relative, is left to personal friends who are nurses, to the children of a friend who was a nurse, or to some nursing interest. The Alumnae Association of Bellevue Training School for Nurses, and the Alumnae Association of the Training School in connection with the Hospital of the University of Pennsylvania, each get 5,000 dollars, and a like sum is left to the American Nurses' Association. The American Red Cross gets 25,000 dollars, the income to be used for the support of one or more visiting nurses, "in loving memory of my father and mother, such nurse or nurses to be known as the 'Delano Red Cross Nurse or Nurses.'" The remainder of this large fortune is left to the New York Eye and Ear Hospital, to be used in the construction of a residence for nurses as a memorial to the late James J. Higginson, who was for many years president of the Board of Managers of that institution.

Perhaps no greater proof of Miss Delano's devotion to her profession can be furnished than these provisions in her Will which was drawn more than three years ago.

WOMEN AND MAGNA CHARTA.

The agitation for an inquiry into the dismissal of the Hon. Violet Douglas Pennant, Lord Penrhyn's daughter, from the position of Commandant of the Women's Royal Air Force, has increased in volume and assumed national importance. Magna Charta was appealed to in this.

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case in the House of Lords in referring to the right of every person to a fair trial, and when the Government refused to grant a judicial enquiry the House of Lords, by a majority of 27, determined to appoint a Select Committee to examine the circumstances of Miss Douglas Pennant's dismissal. But how about the War Office and the "Serf Clause" every nurse had to sign before being granted a paltry extra £20 of salary? Not much Magna Charta where nurses are concerned! But we fear they have themselves to blame for accepting such terms of service.

BOOK OF THE WEEK.

"THE YOUNG VISITERS; OR, MR. SALTEENA'S PLAN."*

This delightful book is the unique production of a child of nine years. Published in May of this year, it has already reached its eighth impression. Its introduction, written by Mr. J. M. Barrie, throws the necessary light on its origin, and adds not a little to the charm and enjoyment of the book.

To quote from him, referring to the portrait of the young authoress which forms the frontispiece, "It has an air of careless complacency that by the severe might perhaps be called smugness. It needed no effort for that face to knock off a masterpiece. The manuscript is in pencil, in a stout little notebook, and there it has lain for years, for the authoress is now a grown woman.

It seems to me to be a remarkable work for a child, remarkable even in its length and completeness. The pencilled MS. has been accurately reproduced, not a word added or cut out." (This includes an absence of stops and of inverted commas.)

We add, for the benefit of our readers, that the portrait itself is priceless; the only other illustration is the facsimile of the MS.

How Mr. Salteena was to become a gentleman, to quote again from Mr. Barrie, was the "triumphant adventure with which the book is largely concerned."

The book begins thus:

"Mr. Salteena was an elderly man of forty-two and was fond of asking people to stay with him. He had quite a young girl staying with him of seventeen, named Ethel Monticue." He straightway receives an invitation from Mr. Bernard Clark to pay him a visit, "and bring one of your young ladies, whichever is the prettiest in the face."

Mr. Salteena accepts the invitation for himself and Ethel by letter.

"I am parshial to ladies if they are nice. I suppose it is my nature. I am not quite a gentleman, but you would hardly notice it but it can't be helped anyhow.

What rot, muttered Bernard Clark, as he read Mr. Salteena's letter. He was rather a presumshious man.

When the great morning came Mr. Salteena did not have an egg for his breakfast in case he should be sick on the jorney. I shall put some red rouge on my face said Ethel because I am very pale owing to the drains in the house.

They arrive at their destination with some perturbation as to the etiquette of tipping the servants.

Bernard has "somber" taste, and the bath-room is 'decerated' dark red. Indeed, his house was on a quite 'sumshious' style, and its display casued Mr. Salteena to be secretly 'jellus.'

Well said Mr. Salteena lapping up his turtle soup you have a very sumpshous house Bernard.

His friend gave a weary smile and swallowed a few drops of sherry wine.

Ethel rose to the occasion when she was shown the family portraits, and pronounced one a 'thourough ancester.'

Bernard always had a few prayers in the hall and some whiskey afterwards, as he was rather pious; but Mr. Salteena was not very addicted to prayers, so he marched up to bed.

In pursuit of gentlemanly behaviour, he obtains an introduction to Bernard's "old pal, the Earl of Clincham—by mixing with him you would probably grow more seemly."

About nine o'clock the next morning Mr. Salteena stood bag in hand in the ancestle hall waiting for the viacle to convey him to the station.

Bernard Clark and Ethel were seated side by side on a costly sofa gazing abstractedly at the parting guest."

The young authoress gets somewhat mixed up with the Crystal Palace and Hampton Court. For on entering the former 'wondrous edifice' and much admiring the stalls, he beheld a wooden door on which was nailed a notice saying To the Privite Compartments.

Here he finds the Earl of Clincham, who has in his veins a small portion of Royal Blood; "but it dose not worry me at all he added piously at the Day of Judgement what will be the odds.

Mr. Salteena heaved a sigh. I was thinking of this world he said.

O I see said the Earl but my own idear is that these things are as piffle before the wind.

We cannot attempt any description of Mr. Salteena's preparation for attendance at the 'levie' held by the Prince of Wales, who was attired in a lovely ermine cloak and a small but costly crown.

One grows weary of Court life he remarked.

Ah yes agreed the Earl.

It upsets me said the prince lapping up his strawberry ice all I want is peace and quiet and a little fun, and here I am tied down to this life he said taking off his crown being royal has many painfull drawbacks.

*By Daisy Ashford. (London: Chatto & Windus.)

During the dancing which took place during the proceedings, "the more serious people such as the prime minister and the admirals etc were eating ices and talking passionately about the laws in a low undertone. The earl was soon mingling gaily in a set of lancers but Mr. Salteena dare not because of his trousers."

In the meantime Bernard and Ethel paid a visit to town under somewhat compromising circumstances. As Mr. Barrie says, 'chaperone' seems to be one of the very few good words of which our authoress had never heard!

They decide also to call on the Earl of Clincham.

Bernard was a handsome sight in some exquisite white trousers and a pale blue blazer belt and cap.

He wore this in honour of the earl, who had been to Cambridge in his youth, and so had Bernard Clark.

Ethel married Bernard, to the great mortification of Mr. Salteena. Among their wedding presents was a charming gift from the earl of Clincham, "consisting of some hemstitched sheets edged with real lace and a photo of himself in a striking attitude."

They returned from their Honeymoon with a son and a nice fat baby. They soon had six more children and some of them were twins which was very exciting.

Mr. Salteena had to be content with a maid in waiting and ten children. He took to dreaming of Ethel and wishing he could have married her. Still he was a pious man in his way and found relief in prayer.

Comment on this amazing production would be superfluous.

H. H.

GIVE US MEN.

God, give us men. A time like this demands
Strong minds, great hearts, true faith and ready hands;
Men whom the lust of office does not kill;

Men whom the spoils of office cannot buy;
Men who possess opinions and a will;
Men who have honour; men who will not lie;
Men who can stand before a demagogue

And damn his treacherous flatteries without winking;
Good men, sun crowned, who live above the fog

In public duty and in private thinking.
For while the rabble with their thumbworn creeds,
Their large professions and their little deeds,
Mingle in selfish strife, lo! Freedom weeps,
Wrong rules the land, and waiting Justice sleeps.

J. G. HOLLAND.

—From the "Canadian Nurse."

WORD FOR THE WEEK.

Courage for the great sorrows of life, and patience for the small ones, and then, when you have laboriously accomplished your daily task, go to sleep in peace. God is awake.—Victor Hugo.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES' UNIFORM NEEDS PROTECTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Would you be good enough to give publicity, through your columns, to the case of Miss Annie Bacon, Health Visitor, to whom the Southwark Borough Council decided to give three months notice for refusing to wear a uniform to which she considers she is not entitled, *i.e.*, that usually worn by a qualified nurse? Might I appeal to those of your readers who are health visitors, or who are in the nursing profession, to uphold the courageous action of Miss Bacon by ignoring any appointments offered by the Southwark Borough Council?

Miss Bacon is to be congratulated on her attitude in this matter, since she recognises that no matter how highly qualified in other spheres of health work, the usual nurses' uniform should not be worn except by women holding a recognised certificate of three years' training in general nursing.

At a time when nurses are fighting for the proper recognition of their profession and uniform, the action of the Southwark Borough Council is deeply to be regretted.

It is an action which cannot be said to be in the public interest, or tending to uphold the status of the profession.

I am, Madam,

Yours faithfully,

E. A. B.

[We refer to this matter in another column.—ED.]

KERNELS FROM CORRESPONDENCE.

Not Surprised: "I am not surprised at the indignation of 'F.F.N.C. Sister,' who came home and found our Bill wrecked. But when all is said and done, it is the Matrons and Nurses who have instigated the crime—for crime I consider it when one realises the suffering of the sick resulting from lack of nursing efficiency. The 'Manchester group of M.P.s' are considering 'my constituents' and the M.R.I. which inspired their policy, is a stronghold of feudalism."

OUR PRIZE COMPETITION.

QUESTIONS.

August 9th.—What are the principal emetics and in what cases are they used?

August 16th.—What is meant by "descent of the cord" and what complications and difficulties does this create?

The Midwife.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

The following are the questions set at the written Examination held by the Central Midwives Board (England) on August 1st:—

1. Describe the placenta and membranes at term, and give an account of the way in which hæmorrhage is naturally arrested after labour.

2. How would you recognise an occipito-posterior presentation? Describe the mechanisms by which natural delivery may be effected.

What symptoms and signs would lead you to advise help in such a case?

3. Describe your method of abdominal examination of a patient at full term, and give an account of the information to be gained therefrom.

4. Give the signs which would make you think that a patient about to be confined was suffering from venereal disease.

5. Give an account of your duties to the mother and child immediately after the delivery is completed. What instructions would you leave on your departure?

6. Give the reasons which may prevent a mother from nursing her baby. What is your duty in such a case?

RESIGNATION OF EXAMINERS.

The resignations of Dr. Victor Bonney, an examiner at the London Centre, and of Dr. John Scott at the Liverpool and Manchester Centre, were received at the last meeting of the Central Midwives Board, and it was resolved that the best thanks of the Board be given them for their efficient services.

APPOINTMENT OF EXAMINERS.

Dr. Gordon Ley, F.R.C.S., M.R.C.P., was appointed an Examiner at the London Centre, and Dr. Lizzie Mabel Renwick Campbell at the Newcastle Centre.

Dr. Alexander Croydon Palmer, F.R.C.S., was appointed an Additional Examiner for the London Centre.

The next Special Meeting of the Central Midwives Board to consider penal cases will be held on Thursday, October 9th, at 10.30 a.m.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board was held on July 28th and 29th, simultaneously in Edinburgh, Glasgow and Dundee.

The following are the successful candidates:—

EDINBURGH.

Miss Elizabeth H. Carlaw, Mrs. Elizabeth Christie, Miss Annie R. Cowie, Miss Janet C. Deans,

Mrs. Mary F. Duncan, Mrs. Jeanie Y. Dunlop, Misses Janet D. Dunn, Elizabeth R. Dyce, Margaret E. M. Fraser, Elizabeth C. Galbraith, Maggie H. P. Gardner, Ellen C. D. Grieve, Mrs. Elizabeth I. R. Hamilton, Mrs. Christina J. Hogg, Miss Annie Hunter, Mrs. Jamesina Lang, Misses Janie S. McAlpine, Isabel M. W. Macpherson, Catherine Mathie, Christina B. Morrison, Marie Price, Margaret J. Henrietta Stephen, Mrs. Johan B. Swan.

GLASGOW.

Misses Janet M. Balfour, Christina Blyth, Mary W. Cleghorn, Margaret M. Connell, Annie Cooper, Margaret A. Cooper, Isabella F. Downie, Margaret M. Edwards, Lily Griffiths, Mrs. Mary Kater, Misses Elizabeth Little, Isabella Livingstone, Mary A. MacAskill, Margaret MacAulay, Mrs. Mary A. Mackenzie, Mrs. Mary McLaughlin, Misses Jeanie McNicol, Mrs. Janet S. Marshall, Misses Catherine C. May, Janet R. P. Moir, Mabel Newell, Elizabeth R. Paterson, Annie F. Paton, Marion W. Proctor, Agnes P. Reid, Eleanor M. Reid, Jane Saunders, Mrs. Alice Scobie, Misses Florence Sewell, Annie Shuttleworth, Winifred W. Iker, Mrs. Jeanie Grant Watson, Misses Mary J. Whyte, Helen D. Wilson.

DUNDEE.

Misses Maggie A. Esslemont, Mary Grafton, Williamina R. Grieve, Evelyn Kinmond, Anne S. Milne, Dorothea S. S. Mowat, Mary I. Rogers, Susan F. Sutton, Mary Young.

QUEEN CHARLOTTE'S HOSPITAL.

The good work done by Queen Charlotte's Hospital is well known, and it would be a calamity if that work were crippled for want of funds. But, like other hospitals, it has been hard hit, and recently made an appeal for £10,000 which its income failed to meet, towards which some generous donations have been received. It is imperative that an additional £7,000 should be raised annually, and in addition the committee are anxious to proceed with urgently needed extensions and improvements, the cost of which is estimated at £40,000.

THE UNMARRIED MOTHER.

The National Assembly at Weimar has passed a Bill for placing maternity under the care and protection of the State. The Independents' proposal that the mother of an illegitimate child should be officially designated as "Frau" (Mrs.) has been carried by 138 votes against 133.

It was also decided that the same opportunities should be provided by legislation for the physical, spiritual and social welfare of illegitimate children as are enjoyed by legal children; and that large families were entitled to assistance from the State.

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Vol. LXII

EDITORIAL.

THE VALLEY OF DECISION.

It is holiday time, a time for recreation. A holiday is a physical necessity for all workers. The body is tired, and, as a natural consequence, so also is the mind. No one can give his or her best output of work to any cause when over-fatigued, so the work suffers as well as the worker, if a need for a rest is disregarded from whatever cause. And of all sections of workers, none need or deserve holidays more than trained Nurses of all branches of the Art, amongst which let us not forget that of the penmen among Nurses, a group by no means insignificant (in this country and in others) from the point of view both of numbers, and of literary gifts.

The need for refreshment of mind and body is perhaps greater this year than ever before. We have passed one crisis only to face another which lies immediately ahead of us.

Our best energies, our soundest judgment, the greatest watchfulness, and a quickened and sincere sense of justice and loyalty, will be needed in order to win a glorious victory for Principle, as our men on the battlefields of Europe have done. We have reached the Valley of Decision; let there be no wavering, no juggling with consciences. To "follow right were wisdom in the scorn of consequence." The battle for a just Nurses' Registration Act will be renewed in the House of Commons when the Minister for Health brings in the promised Nurses' Registration Bill on behalf of the Government, and it is discussed on the floor of the House. Meanwhile we must get together our moral reinforcements. The fundamental principles which the Central Committee has laid down, and consistently adhered to, are

the very vitals of any measure for this object. British Nurses, who have fought and won so many battles in the State Registration Field can also be invincible in the decisive battle, if they continue to fight with courage and the will to win.

The most perfect example of the great achievements that can result from co-ordinated effort which the world perhaps has ever seen, is that which made Marshal Foch Generalissimo of the Allied Armies, and so freed the world from the horrors of threatened despotism. We should do well to take to heart the recent words of that great man uttered at the Guildhall:—"The unquestionable judgment of history is, that nations are clearly invincible, when, having sufficiently advanced on the road of civilisation, they consecrate without reserve their moral and material resources and all their energies in the struggle for liberty." A paraphrase of these words exactly suits our own case. This is the invincible spirit. The spirit that is never discouraged under any circumstances, that never harbours the cowardly thought of failure. The spirit of Decision. We have learnt many lessons from the world war. The outstanding one is, that no sacrifice is too great to defend and restore honour and freedom.

We have two arch-enemies to fight—the twin evil genii, Feudalism and Autocracy, which have long dominated the Nursing Profession. A just—and therefore acceptable—Act of State Registration for Nurses implies their dethronement, as a primary and essential step to the reconstruction of the Profession, its rebirth.

We therefore, here and now, call upon all true-hearted Nurses to buckle on the Shield of Faith, and the Sword of the Spirit, and thus prepare themselves to fight with vigour and decision for liberty and justice.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL EMETICS, AND IN WHAT CASES ARE THEY USED?

We have pleasure in awarding the prize this week to Miss A. M. Douglas, University College Hospital, Gower Street, W.C.1.

PRIZE PAPER.

An emetic is an agent which causes vomiting. The word is derived from a Greek verb meaning "to provoke sickness." Emetics fall into two groups: those which act by irritating the mucous membrane of the stomach, and those which affect the portion of the brain which controls the act of vomiting. To the first group belong sulphate of zinc, sulphate of copper, mustard and water, salt and water, alum, and salvolatile; to the second, ipecacuanha, apomorphine, potassio-tartrate of antimony, tickling of the throat, and evil smells.

The use of an emetic is to clear the stomach and œsophagus of irritating or poisonous substances.

If an irritant poison, such as false mushrooms, lucifer matches (in this case no oil must ever be given as it dissolves the phosphorous and aids its absorption), or rat poison has been taken, an emetic that acts quickly should be given. Salt and water (one tablespoonful to a tumbler of warm water), or mustard and water (two teaspoonfuls in a tumbler of water), are almost always at hand. But sulphate of zinc (grs. xx.) or sulphate of copper (grs. x.), if obtainable, is more effectual. Salvolatile (one tablespoonful in water) is useful when the heart is weak, as it also acts as a stimulant. Tickling the throat with a feather may also be resorted to.

If a narcotic poison has been taken the same measures can be used, but in the case of all corrosive irritants, such as nitric or hydrochloric acid, except carbolic acid, no emetic should be given. The same rule applies to alkaline poisons.

In cases such as bronchitis or croup, when the secretions accumulate in the air passages, and are not properly expelled by coughing, but are often swallowed, an emetic is administered in small quantities to clear the passages. Ipecacuanha is generally used; it is the root of a Brazilian shrub, and contains a substance called emetone, which irritates the mucous membrane; it also acts on the vomiting centre of the brain after being absorbed into the blood. Large doses are necessary to produce vomiting: $\mathfrak{z}\text{i}$ may be given to a child of a year old, $\mathfrak{z}\text{i}$ to an adult. It acts slowly and is

therefore not advisable if an immediate result is required.

Apomorphine, a prompt emetic, is usually given hypodermically (dose $\frac{1}{16}$ gr.). It can be used in cases when it is difficult to get the patient to swallow.

Various diseases, such as peritonitis, gallstone, or renal colic, obstruction of the bowels; or states such as pregnancy, sudden fright, or interference with the balancing centre, as in sea-sickness, may cause vomiting owing to their derangement of the cerebral system.

When an emetic is administered the nurse should always have a receiver at hand in case of speedy result, and not wait until after it has been given to fetch one. A glass of water should be given to the patient to rinse his mouth with afterwards. Sometimes the patient likes the nurse to hold his head as the pressure seems to aid the act of vomiting. The vomited matter must be covered and kept for the doctor's inspection.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Minnie Penman, Miss Winifred M. Appleton, Mrs. Farthing, Miss P. Thomson, Miss J. Robinson, Miss Henrietta T. Inglis.

Mrs. Farthing writes:—

"If an emetic has to be given it should be given at once, as the case will be urgent.

In cases of croup, ipecacuanha wine, one teaspoonful in water, or if an older child, if the case is severe, two teaspoonfuls may be given, and repeated in a quarter of an hour if the child does not vomit.

Give an emetic in all cases of poisoning, except where corrosive poisons have been taken; this being the case the stomach will be burnt and injured and the strain of vomiting may tear through the walls of the stomach at a weakened spot and this will be fatal.

An emetic must not be given whilst the patient is unconscious, as both in swallowing it and in the subsequent vomiting, the fluids are liable to pass into the air passages and suffocate him, or her, as the case may be."

We regret that the paper by Miss H. T. Inglis was not received in time to compete for the prize.

QUESTION FOR NEXT WEEK.

What is meant by "descent of the cord," and what complications and difficulties does this create?

PUBLIC HEALTH NURSING.

WHAT IS THE MODERN HEALTH CRUSADE?
AN EPITOME.

By EDITH S. BRYAN, R.N.

In the Pacific Coast Journal of Nursing.

We have below a brief explanation of the Modern Health Crusade which is bringing such good results to the children of parts of our country. Perhaps some of our nurses, especially the school nurses, will find some help in these successful methods of putting the work before the children in the most attractive way.

The Modern Health Crusade is a system of health education being introduced into thousands of elementary schools, a movement in which nearly three million American school children, qualified as Crusaders by the daily practice of health chores, are participating.

Its purpose is the formation of good health habits, the enlistment of children in community service, and the control of preventable disease.

Its success is due to the interest in health aroused in children by introducing the elements of play and romance into the practice of hygiene, and by a definite programme with tangible rewards. It dramatises personal health.

The child who does seventy-five per cent. of the Crusader's health chores for two, five, ten and fifteen weeks becomes successively a page, squire, knight and knight banneret in health chivalry. Classes and schools as well as individual children may compete in health tournaments. (For explanation, write to the anti-tuberculosis association for your State for record of health chores, Crusader's manual and "Field of the Cloth of Gold." If you do not know that address, write to the National Tuberculosis Association.)

Every elementary school teacher in the country can adopt the Crusade for her pupils. It is largely a home-work proposition for children and parents. The teacher may use all or part of the prescribed programme.

The Crusade is a system of education and not an organisation. Every school in the country is invited to apply the system. Organisation is provided to maintain standards, to foster competition and to hold out to the child membership in a modern health crusade at once local, State and national in scope.

The National Tuberculosis Association and its forty-eight affiliated State associations are the national and State leaders in the Crusade and general distributors of M. H. C. supplies.

The local anti-tuberculosis societies and the junior divisions of Red Cross chapters assist the schools in Crusade work. They provide supplies when possible, but in view of the limited means of these organisations, an increasing number of schools are purchasing the supplies for the same reason that they purchase text-books in physiology, but at less expense than the latter.

An Illinois county superintendent of schools writes of a few weeks of Crusade work: "I regard the results superior to a year of physiology as ordinarily taught."

CRUSADERS' HEALTH CHORES.

Reproduced from the official record of health chores.

Statement of Chores.

1. I washed my hands before each meal to-day.
2. I washed not only my face but my ears and neck and I cleaned my finger-nails to-day.
3. I tried to-day to keep fingers, pencils and everything that might be unclean out of my mouth and nose.
4. I drank a glass of water before each meal and before going to bed, and drank no tea, coffee nor other injurious drinks to-day.
5. I brushed my teeth thoroughly in the morning and in the evening to-day.
6. I took ten or more slow deep breaths of fresh air to-day.
7. I played outdoors or with windows open more than thirty minutes to-day.
8. I was in bed ten* hours or more last night and kept my window open.
9. I tried to-day to sit up and stand up straight, to eat slowly, and to attend to toilet and each need of my body at its regular time.
10. I tried to-day to keep neat and cheerful constantly and to be helpful to others.
11. I took a full bath on each day of the week that is checked (X).

Total number of chores each day

It has been decided to hold the first post-war National Health Week in May, 1920. Previous to the war, the celebrations in connection with this week served to focus public opinion and sentiment on the more popular aspects of personal and public hygiene, and to help in establishing the need for the newly-formed Ministry of Health.

* Boys and girls thirteen years of age may change this to "nine hours." Those under nine years should sleep eleven hours at least.

HONOURS FOR NURSES.

The Royal Red Cross.

FIRST CLASS.

(Concluded from page 90.)

Miss E. S. Mason, Sister-in-Charge, Wellesley House Officers' Hospital, Aldershot; Miss E. C. Middlemist, Matron QAIMNSR, 1st Birmingham War Hospital; Miss M. Munro, Matron St. Bartholomew's Hospital Convalescent Home, Swanley.

Miss J. Murray, ARRC, Matron, Welsh Metropolitan War Hospital, Whitchurch, near Cardiff; Miss E. J. Neary, Matron, Manor War Hospital, Epsom; Miss H. M. Newton, Sister and Assistant Matron, Northumberland War Hospital, Gosforth, Newcastle-on-Tyne; Miss M. E. O'Neill, ARRC, Matron, Military Hospital, Woking; Miss A. H. Peppler, ARRC, Assistant Matron, TFNS, 2nd London General Hospital; Miss W. Ramsay, Sister QAIMNSR, Fargo Military Hospital, Salisbury Plain; Miss A. Reay, ARRC, Superintendent Sister, Union Infirmary, Darlington; Miss G. E. Roberts, Sister, QAIMNSR, Central Military Hospital, Port Pitt, Chatham; Miss S. S. I. Robertson, Matron, Princess Club Hospital, Bermondsey; Miss E. A. Rutherford, Assistant Matron, QAIMNS, Royal Herbert Hospital, Woolwich; Miss G. H. Sellar, Assistant Matron, QAIMNS, Royal Victoria Hospital, Netley; Miss E. M. P. Sketchley, Sister, the King George Hospital, Stamford Street; Miss H. H. Smith, ARRC, Acting Matron, QAIMNSR, Military Hospital, Fovant; Miss E. M. H. Sparks, ARRC, Matron, QAIMNSR, War Hospitals, Nottingham; Miss M. E. Stocqueler, Night Sister, Special Military Surgical Hospital, Upper Edmonton; Miss M. E. Tate, Matron, Bath War Hospital, Combe Park; Miss F. A. Wood, ARRC, Sister, TFNS, 4th Southern General Hospital, Plymouth; Miss K. F. Wood, Sister, QAIMNSR, South African Military Hospital, Richmond Park.

THE BRITISH RED CROSS SOCIETY
AND ORDER OF ST. JOHN.

The King has been pleased to award the Royal Red Cross to the following ladies, in recognition of valuable nursing services under the British Red Cross Society, or Order of St. John of Jerusalem in England, rendered in connection with the war:—

Bar to the Royal Red Cross.

Miss L. Cushon, RRC, Matron, British Red Cross Hospital, Netley; Miss M. C. Fisher, RRC, Matron, BRCS; Miss A. M. MacDonnell, RRC, Matron, Red Cross Auxiliary Hospital, Perth.

Royal Red Cross.

FIRST CLASS.

Miss L. Boot, Matron, Primary Military Hospital, Northampton; Miss K. E. Jones, ARRC, Matron, Kingston, Surbiton and District Red Cross Hospital, Surrey; Miss M. F. Lightfoot, ARRC, Matron, Fishmongers' Hall Hospital, London Bridge; Miss E. S. MacGregor, Matron, BRCS; Mrs. M. C. B. Millar, ARRC, Charge Sister, 1st Durham Voluntary Aid Hospital, Low Fell, Gateshead; Miss L. Ruscoe, Sister, Gledhow Hall Auxiliary Hospital, Leeds; Miss R. M. Skipworth, ARRC, Matron, Red Cross Hospital, Richmond; Miss E. Stevenson, ARRC, Matron, Auxiliary Hospital, Henley-in-Arden, Warwickshire; Mrs. C. M. K. Tennyson-Smith, ARRC, Commandant and Lady Superintendent, Village Hall

Auxiliary Hospital, Orpington; Mrs. L. Wilson, ARRC, Matron, Hampton-in-Arden Voluntary Aid Hospital, Warwickshire; Miss J. Wyse, Matron, Irish Counties War Hospital, Glasnevin, Co. Dublin.

SECOND CLASS.

Miss H. Burton, Matron, Military Hospital, Rotorua; Miss K. S. Cumming, Sister, Military Hospital, Rotorua; Miss R. Gilmer, Matron; Miss E. Grant, Matron, Devonport Convalescent Home for Soldiers, New Zealand; Miss E. M. McAllum, Matron.

OVERSEAS NURSING SERVICES.

The Royal Red Cross.

FIRST CLASS.

Canadian Army Medical Corps.—Miss T. Bloomquist, Nursing Sister, Canadian Red Cross Officers' Hospital, London; Miss M. Cornell, Matron, No. 10 Canadian General Hospital, Brighton; Miss E. F. Hudson, ARRC, Nursing Sister, Granville Canadian Special Hospital, Buxton; Miss S. C. MacIsaac, ARRC, Matron, Granville Canadian Special Hospital, Buxton.

Australian Army Nursing Service.—Miss C. McNaughton, Sister, No. 3 Australian Auxiliary Hospital, Dartford; Miss A. Roche, Sister, No. 3 Australian Auxiliary Hospital, Dartford.

New Zealand Army Nursing Service.—Miss C. Anderson, ARRC, Matron; Miss L. McNeil, ARRC, Matron; Miss E. Pengelly, ARRC, Assistant Matron.

SECOND CLASS.

Australian Army Nursing Service.—Miss H. Keith, Sister, No. 3 Australian Auxiliary Hospital, Dartford; Miss E. J. Nobbs, Sister, No. 1 Australian General Hospital, Sutton Veny; Miss E. Regan, Sister, No. 1 Australian Auxiliary Hospital, Harefield Park.

New Zealand Army Nursing Service.—Mrs. A. Fulton, Sister; Miss J. Ingram, Sister; Miss E. M. Livesey, Sister; Miss A. L. Longman, Sister; Miss A. McLean, Sister; Miss E. McLeod, Sister; Miss M. Mitchell, Sister; Miss M. O'Connor, Sister; Miss A. Searrell, Sister; Miss E. Smailes, Sister; Miss W. Stronach, Sister; Miss E. Young, Sister.

South African Army Nursing Service.—Miss A. H. M. Loosemore, Sister, South African Military Hospital, Richmond; Miss K. Goulden, Sister, South African Military Hospital, Richmond.

A very large number of Matrons, Sisters, Nurses and VAD's in Home Hospitals have also been awarded the Second Class Red Cross.

Next week we shall publish the list of Canadian nurses awarded the Second Class Red Cross.

A PROUD POSSESSION.

On the occasion of the Peace Celebrations at Chipping Barnet, some of the convalescent children from the Barnet Infirmary took part in the procession through the ancient town. In a special carriage tastefully decorated and wheeled by nurses were seated six little tots, and by the side toddled a tiny girl dressed in miniature nurse's uniform. The children's ward is now in the proud possession of a silver cup suitably engraved, this charming group having won the third prize.

NURSING AND THE WAR.

THE ENTRY INTO METZ.

NOVEMBER 19TH, 1918.

(Extracts from a Nurse's Journal.)

The current issue of the *Englishwoman* contains a vivid account of the entry into Metz by a Nurse (Miss Juliet Mansel), from which we print the following extracts:—

I do not think that English people fully realise what the entry into Metz meant to the French soldier and those who had been serving with the French army all through the War. It was to them the day above all others for which they have been fighting for four and a half years. It was their "Tag." Not one of those who took part in that march forward from Nancy on November 19th will easily forget the moment when they crossed the frontier into Lorraine, and by doing so re-claimed it as a French province after forty-seven years of bitter slavery.

Madame D'A., Mlle. C., and I were the only nurses of the "Groupe Léger Sanitaire No. 1" of the Tenth Army, and as our *groupe* had the privilege of being the sole "Section Sanitaire" allowed to go into Metz with the troops we congratulated ourselves on what was indeed an extraordinary bit of luck. The other formations being larger and more cumbersome, had to follow a few days later.

Our starting-point was Nancy, where we had been waiting for some time trying to cope with the masses of British prisoners who were coming through from Germany in the most piteous state of illness and neglect. Mangin's army had gone down to that part of the line from the Aisne to be in readiness to attack if the Germans did not sign the Armistice; and we, who had been working at Laon, found ourselves at Nancy on or about November 13th. The day for the entry of the troops was November 19th, and we left at 7 a.m. on a bright, cold morning, our convoy of nineteen ambulance cars all decked out with flags. I was in the last car, and I never saw a prettier sight than the long procession of beflagged ambulances speeding ahead of us, and climbing the steep "couronne" above the town in the morning sunlight. We soon crossed the old line and then the frontier. The country was not nearly so devastated as on the Aisne but a network of immensely deep trenches and dug-outs marked the four years of trench warfare that went on in this region. The moment we crossed the frontier we noticed a marked change in the landscape. Everywhere there were neat, well-built villages, red-tiled roofs, and numerous other marks of German thoroughness, down to the inevitable notices in large black lettering, beginning "Es ist verboten," which abounded in every village. Even the children looked more thoroughly drilled and obedient. There was no need of a post to mark the frontier; one could

not fail to see where the Boche had begun to lay his hand.

The entry of the troops was truly magnificent, but we were all terribly disappointed because Mangin did not lead his glorious 10th Army. He had had a fall from his horse just before entering the town, and was so badly hurt he was taken to hospital, where he remained for three weeks. It ought to have been essentially Mangin's day, for it was his army more than any other that had started pushing back the Germans in July. Fortunately his fall was not serious; but it was a cruel disappointment to the great leader not to come into Metz with his troops. However, we could not but be thrilled as we heard the strains of the Marseillaise coming nearer and nearer, with the tramp of thousands of feet, and saw the flashing of the first grey helmets in the sun. At last, at last, the gallant Poilus were coming into their own. Lorraine was French once more. The bitter days of 1870 were avenged.

The march past lasted over an hour and a half. I will not attempt to describe it all here. The infantry came first, the 233rd, the 164th, the 8th, and many more—all regiments decorated with the red or yellow "fourragère"—regiments that Madame D'A. and I knew so well, whose wounded she and I had nursed after the attacks in Flanders and on the Oise and the Aisne in sadder times. It was a supreme moment as they marched in now so proudly to their glorious music, the Colonel and the flag at the head of each regiment, and as our thoughts flew to those other thousands who had fought and died amongst them, we could not help feeling that they too were watching and knew. Then there were the artillery and the armoured cars and tanks, and the Colonial cavalry, who were greeted with redoubled cheering from the already hoarse-throated crowd; one old boy standing by me, a veteran of 1870, throwing up his hat and shouting, "Vive les Américains," when he saw the mustard-coloured uniforms of the "Chasseurs d'Afrique!"

After the review a *Te Deum* was to be sung in the Cathedral, but the dense crowd collected in the streets unfortunately prevented us from getting there in time. When at last we had managed to force our way to the Place in front of the Cathedral, the ceremony was nearly over; but I shall always remember the scene in the grey autumn twilight—the squadrons of Chasseurs d'Afrique, on their white Arabs, pressing back the surging crowds—the mighty Cathedral looming up grand and solemn in the background, and when Pétain and his attendant generals emerged from the shadowy porch, the deep and thrilling peals of the "Mute," the Cathedral bell, tolling out far and wide to tell Lorraine she was free once more and that the day of victory had come indeed.

We found ourselves billeted with a charming Herr and Frau Gredt in a little old house in a back

* Fourragère—the cord of honour worn round the shoulder and given to regiments which specially distinguished themselves in battle.

street. They gave us the warmest welcome, and really seemed to think it an honour that we should occupy their only spare bedroom and put them out in every possible way! They were French to the core, and told us many illuminating things about the Germans' behaviour to the Lorrainers during the war. None of them were allowed to speak a word of French, and if a syllable of the hated language was overheard by the officials, it meant a sentence of "fortress" or from a fortnight to six months. The Lorrainers were very proud of their sentences, and anyone who had not served "time" was looked on with a certain amount of suspicion by his neighbours. In fact, Madame Gredt told me, the *chic* thing to do was to place your sentence card on your chimney-piece like an invitation to a party, and if there were three or four members of a family who had all undergone sentences, the cards were displayed in a row or even framed!

We met an American general during the day, who had been a friend of Madame D'A. when her husband was Attaché at Washington, and I remember particularly Madame Gredt's amazement when he helped us up the stairs with our handbags and cloaks.

"Comment," she said, in her funny guttural French, "c'est un Chénérail ça? Mon Tieu, voir un Chénérail porter fos bagages! Châmais un Chénérail allemand aurait fait ça!" She could not get over this, and whenever I saw her again she always asked after "le Chénérail qui était si chentil!"

He certainly was "très chentil," that kind general, and that evening he and the staff gave us an excellent dinner at the "Restaurant Moitrier." I remember we ate *pâté de foie gras* and many other good things of the most surprising variety considering that Metz was supposed to be in a state of starvation! It was a wonderful evening, and, as somebody expressed it "La plupart des gens avaient complètement perdu la boule!" We were half-way through dinner when we heard the tramp of horses, the sound of approaching music, and the renewed cheering of crowds coming nearer and nearer. Everybody got up and went to the window. It is almost impossible to describe the fairy-like scene that met our eyes in all its gorgeous weirdness. It was the "retraite aux flambeaux," or procession of the troops round the town by torchlight. About every fourth soldier held a torch, and from our point of view the old street looked like a sea of little waving flames, with here and there an upturned face startlingly white in the torchlight.

The German element in Metz is not really predominant, but every now and then it shows itself in some startling or comic incident. For instance, at Moitrier's that night we were very much amused by the following little episode. A small group of obviously Teutonic Lorrainers were dining in a corner opposite us, and, to our great indignation, when the "Marseillaise" was sung they never moved, but went on eating their dinner as if nothing was happening. Suddenly a voice rang

out from the opposite end of the room, "Arrêtez la musique!" and in the silence that followed a young lieutenant advanced to the middle of the room with his eyes fixed on the offenders. He then ordered them in a ferocious tone of command to stand up, and automatically their hands dropped to their sides and they rose like one man.

"Sind Sie nicht zufrieden?" shouted the lieutenant.

"Ja, ja," mumbled the trembling Boches, and after that they heartily joined in the "Marseillaise" each time that it was sung that evening. I wondered at the time what would have happened if a German officer had ordered a Frenchman to sing "Die Wacht am Rhein"? I think he would have got rather a different answer.

The day after the entry we commenced work at the Hospital of St. Clement, where we found three hundred and eighty allied wounded prisoners English, Russian, French, Rumanian, Serb, Italian and American. They were all indescribably dirty and neglected. Food began to come in as soon as we arrived, but of course they had all been half starved, and some of them were most dreadfully ill. I have never seen anything to equal the muddle of the place when we arrived. None of the patients had had their sheets changed since they had been at the hospital—and some of them had been under treatment there for eight months; they had also never once been washed, and they were literally as black as sweeps and crawling with vermin. My job was to run the "Salle de pansement" and theatre, and my first day was spent in clearing out the mess from the tables and cupboards, and the piles of paper dressings and paper bandages, half-empty bottles, and old rubbish. Later on, in Germany, I saw some of the beautiful and specklessly clean hospitals which the Germans used for their own wounded, and I thought of how our men had lain and suffered month after month in the indescribable dirt and discomfort of St. Clement. How many must have died on account of the unhealthy dirt and cruel neglect! How often we have been told of these things, and how quickly we forgive and forget.

Metz fascinated me. I wrote to my mother at that time:—

"The old houses built right down by the river-side, the fascinating old streets, the glorious cathedral dominating the town, and then the strange mixture of German and French influences it is such a unique moment to see all these things. Every day massed bands are playing in the streets, and there are 'Prises-d'armes' (decorations of regiments, &c.) in the old square in front of the cathedral; and every day one hears, more and more, cries of 'Vive la France!' and one sees more distinctly that the people are gaining confidence in the French. I must not write more as it is very late and I am done to the world! I simply can't get even with all the things I want to tell you. We have slept in six different places in the last ten days. A pretty good record, isn't it?"

And on November 23rd I wrote :—

"We are very busy trying to get this hospital into shape [the letter goes on]. I can't describe to you the state of the men, it would make you feel too sick. The Americans seemed to have been singled out lately for the worst treatment. One American I saw yesterday with a broken thigh had been wounded five weeks ago and was not yet operated on. The German doctor had made an extension on the leg by running a common nail through and behind the ankle and pulling on it with string. The string was made of paper and had broken, and when I saw him the two ends of the thigh-bone were protruding through the skin. That is only one amongst a hundred pitiful cases. One feels the Boche never *will* be able to answer for such things as these."

The reader can imagine what a wonderful reception we got from the Tommies and Poilus in that dreadful place. Whenever I had a moment I used to go and visit the wards in which I know there were British patients, and I never shall forget the delightful welcome I had from those men. Murmurs of "An English sister" used to run all down the big, dark wards, and immediately, as if by magic, a dozen heads would appear, and a dozen grubby hands stretch out in warmest welcome. Then always the next question, which I soon began to know by heart, "When do you think we shall get to Blighty?" It was three long weeks before we managed to get them all evacuated, owing to the great difficulty of transport and also because many of them were too ill and weak to move when we arrived. I think I shall never see men so utterly and absolutely happy as those Tommies the day they were laid on British stretchers and carried down to the British ambulance cars by British orderlies. For they knew at last, at long last, that their sufferings were at an end, that they were prisoners no longer, and above all that they were on the road to "Blighty"!

The article should be read in its entirety, and indeed the *Englishwoman* this month has several articles of great interest and literary merit, notably, "Poor Law and its Passing," by M. Paige Wood, and "On a Kerry Road," by the Countess of Kenmare.

CARE OF THE WOUNDED.

The Joint War Committee has endowed 30 beds out of a total of 50 at the Endsleigh Palace Hospital for Officers, in recognition of the services rendered to the Empire by sailors in the Great War, and to provide immediate medical treatment for those sailors and soldiers who have contracted tropical diseases while on active service. The hospital has been acquired by the Seamen's Hospital Society, which has taken an active part in the advancement of the study of tropical diseases, of which the London School of Tropical Medicine is a branch.

NURSING ECHOES.

It seems to be taken for granted that the Order of Merit, which has been conferred by the King on the Prime Minister, in recognition of his pre-eminent services in carrying the war to a victorious end and in securing an honourable peace, was instituted by King Edward VII. as a special distinction for illustrious men. It is therefore well to emphasise the fact that one of the early members of the Order was our own Florence Nightingale, and that no name on the distinguished Roll of Members is more illustrious, or has added greater lustre to it.

Among those who have been sent back to their native land is, the *Daily Sketch* learns, Theodolinda Paster, who was acting as a German Red Cross nurse. This woman was attractive, and of an influential family in Germany, and was well known in the Fatherland as a passionate patriot. When war broke out she joined the Red Cross for Germany, in which capacity she did a great deal of good. But her love for her country led her to abuse the sacredness of her position as nurse, and she did things which made her suspected as a spy. These acts were committed in the East. She fell into English hands, and eventually reached England, where she was interned at Holloway Prison for a considerable time.

It is well for this "patriot" that she fell into British hands. Had the nationalities been reversed the tale would not have ended with repatriation.

The Metropolitan Asylums Board have adopted the report of the General Purposes Committee based on the terms of a report from a Joint Conciliation Committee of Asylum authorities and their staffs, after conference with the General Secretary of the National Asylum Workers' Union, and signed by the Chairman of the Board, the Deputy Clerk, and the General Secretary of the National Asylum Workers' Union. These recommendations proposed the adoption by the Board for its asylum employees of a sixty hours' working week, inclusive of meal times—which are to be ten hours a week—and fourteen days' leave every six months. It is proposed that members of the Asylum Nursing Staff shall be instructed in the care of mental patients with a view to their obtaining recognised diplomas of efficiency, and that the name "attendant" shall disappear. That, on admission to the asylum nursing staff employees shall rank as probationers, who on obtaining a recognised diploma

shall be designated as Staff Nurses; and that the services of any Probationer Nurse may be dispensed with who fails, within a reasonable time, to qualify for confirmation and promotion to be a Staff Nurse.

In certain cases the designation of "Asylum" is to be changed to "Mental Hospital," a decision greatly to be commended.

It has also been decided, in connection with the Fever and Children's Hospitals, "that arrangements be made for taking a direct ballot of the Hospital Nursing Staff as to (1) whether in arranging the shortening of the

sent 2s. a day), leaving at least 26s. a week as commencing pay, with opportunities of promotion and increased pay and ultimate pensions.

The Queen's Hospital for Children, Hackney Road, has had a splendid gift, on the closing down of the King George Hospital in Stamford Street, including 300 sheets, 300 draw-sheets, 300 pillow-cases, and 100 blankets, 50 lockers, not to mention sterilising drums, anti-septic boxes, bed-tables, screens and covers, lounge chairs, folding-up chairs, knives and forks, etc. Just imagine that for a hospital where the Committee have to weigh carefully



EAST END CHILDREN ON THE SEASHORE AT BEXHILL.

working hours they prefer the scheme based on a 48 hours' working week, or that based on a 50 hours' week; and (2) whether they wish to be paid at inclusive cash rates, subject to deductions for emoluments received in kind, and at weekly or monthly intervals, and that the views of the majority on these points be adopted.

In the London County Mental Hospitals probationers are now appointed on the following terms. Salary, 32s. a week (and at present 15s. war wages), rising to 39s. 11d. per week, and uniform. Nurses pay for residence and washing (7s. 8d. per week) and board (at pre-

every penny of expenditure, as Committees should do. It sounds more like Aladdin than the twentieth century, but Red Cross motors, a product of the present century, were the vehicles conveying the gift.

Our illustration, for which we are indebted to the authorities of the hospital, shows some of the little East End patients at the Little Folks Home, at Bexhill, the seaside branch of the Queen's Hospital for Children. It makes one feel cooler in these torrid days to see the children playing on the seashore, and just think what it must mean to delicate children from East End slums, so please, dear readers, interest your friends in the Home, so that it may be well supported.

APPOINTMENTS.

MATRON.

Mile End Infirmary, Bancroft Road, E.1.—Miss Flora E. Griggs has been appointed Matron. She was trained at St. Pancras Infirmary, and has held the positions of Home Sister at the Holborn Infirmary, Assistant Matron at the Mile End Military Hospital, and Acting Matron at the Mile End Infirmary.

Royal Chest Hospital, City Road, E.C.—Miss Ethel M. Willis has been appointed Matron. She was trained at the Royal Free Hospital, Gray's Inn Road, W.C., and has held the position of Casualty and Home Sister at King Edward VII Hospital, Windsor, Out-patient Sister at the Royal Free Hospital, Matron Federated Malay States War Hospital, Kimpton, and Sister Tutor at the Royal Free Hospital.

Lenham Sanatorium.—Miss H. Deakin has been appointed Matron. She was trained at the General Infirmary Leeds, and subsequently held the position of Sister in that institution. She was then Assistant Matron at the Royal Infirmary, Bradford, and afterwards at the General Infirmary, Leeds, and successively Matron of the Royal Hospital, Portsmouth, Bethlem Royal Hospital, London, Masince Hospital, Bombay, the Infirmary and Dispensary, Warrington, and is at present Matron of the Kelling Open Air Sanatorium, Holt, Norfolk.

Infectious Diseases Hospital, Bath.—Miss H. Arthur has been appointed Matron. She was trained at the Chelsea Infirmary, Cale Street, London, and has been Charge Nurse, Day Sister and Assistant Matron at the Isolation Hospital, Southampton.

ASSISTANT MATRON.

Mile End Infirmary, Bancroft Road, E.1.—Miss E. B. Shields has been appointed Assistant Matron. She was trained at the Newcastle-on-Tyne Infirmary, and has held the position of Theatre Sister at the Mile End Military Hospital, and of Ward Sister at the Mile End Infirmary.

HEALTH VISITOR.

Borough of Hornsey.—Miss L. E. Snape has been appointed Health Visitor. She was trained at the Northern Hospital, Liverpool, and has held an appointment as Health Visitor under the Leicestershire County Council.

WHICH ARE YOU ?

There are two kinds of people on earth to-day,
Just two kinds of people ; no more, I say.
Not the sinner and saint, for 'tis well understood
The good are half bad, and the bad are half good.
Not the rich and the poor, for to count a man's wealth,
You must first know the state of his conscience and health.

Nor the humble and proud, for in life's little span,
Who puts on vain airs is not counted a man.
Not the happy and sad, for the swift flying years
Bring each man his laughter and each man his tears.
No ; the two kinds of people on earth I mean
Are the people who lift, and the people who lean.
Wherever you go, you will find the world's masses
Are always divided in just these two classes.
And oddly enough, you will find, too, I wean,
There is only one lifter to twenty who lean.
In which class are you ? Are you easing the load
Of over-taxed lifters who toil down the road ?
Or are you a leaner, who lets others bear
Your portion of labour and worry and care ?

—UNA.

THE BRITISH RED CROSS SOCIETY.

PETITION FOR A SUPPLEMENTAL CHARTER.

The British Red Cross Society has petitioned the King's Most Excellent Majesty in Council to grant to the Corporation a supplemental Charter, "so as to authorise it to extend the area of its operations, so as to include in its objects and purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world, and to provide for the better management of its affairs." Notice is given in the *London Gazette* that His Majesty, having referred the said Petition to a Committee of the Lords of the Council, all petitions for or against such grant should be delivered at the Privy Council Office on or before August 16th, 1919.

Copies of the Petition and of the draft Supplemental Charter may be obtained from Messrs. Charles Russell & Co., 37, Norfolk Street, Strand, W.C. 2 (price 2s.).

POWERS SOUGHT.

The following are the powers sought for "(A) power to organise examinations and to issue certificates in respect of such examinations, and (B) power to affiliate to the said Society any society or organisation which is carrying on in any part of the world work similar to any work for the time being carried on by the said Society, or any local branch of such society or organisation, and to enrol members of such Society or organisation as subscribing, guaranteeing or honorary members or associates according to the Rules (C), power from time to time to accept as a branch of the said Society, any society or organisation, or any local branch thereof which the said Society has power to affiliate under Sub-Clause (B) of this clause."

The Council of the Society is to consist of fifty members at the most, and ten members at the least, exclusive in either case of members of the Royal Family, the Chairman, and Vice-Chairmen.

NURSES AND SANATORIA.

REFORM URGENTLY REQUIRED.

A Sister, who has been under treatment in more than one Sanatorium for some months, where she made very little progress towards recovery, and who has now decided to lead the "simple life," based on common sense, writes of her experience as a patient :—

"Although I am very disappointed, I am not surprised, as I consider the method of treatment not only unsuitable, but ludicrous. The doctor himself said to one of the patients last week that the sanatorium was merely a sort of school to teach people how to live ; but I should never dream—if I were trying to get well—of living as I have done in the sanatorium. I should never make my bed immediately, or almost immediately, I had got out of it ; and then, after tidying up the washstand, go for a bucket of water and a

floorcloth and go down on my hands and knees and wash the floor every day, whether I was feeling well or ill! I should not, on coming back from breakfast at 9.30 and having a dose of cod liver oil, proceed *immediately* to wash and whiten the doorstep (or sweep up quantities of tuberculous dust), or scrub out the bath and clean the taps and wash the bathroom floor or polish the corridors with the antiquated heavy implement known as a polisher, first going on my hands and knees to rub the oil on, and only stopping at 10 to drink a glass of milk, and continue working strenuously! (That the breakfast, the oil, and the milk remain down at all, is quite surprising!) I should not—a quarter-of-an-hour after dinner—seize a hoe and hack at an iron-hard path for an hour and three-quarters in the very hottest part of the day. I should not have breakfast at 9, dinner at 2, and tea at 4.45 and supper at 7.15; and I should make supper a substantial meal, as it is 14 hours until breakfast time, instead of having both tea and supper light meals only. The latter has consisted of porridge, or bread and milk, or soup, and has never varied since I have been in the sanatorium. I do not know what would happen in an ordinary household if things were done like that—and consumptives are supposed to have erratic appetites! I may add that throat cases, who are warned on leaving that they must use separate crockery, &c., come down to the dining-room and use the things that we all use.

"Of the two nurses, besides myself, who arrived in the working-block, one went home at the end of the three months, because she was beginning to lose weight, and did not feel well, and the other was re-transferred to the nursing-block with hæmorrhage, after having been on the highest grade of work—polishing with the polisher in the mornings and digging in the afternoons. She went home at the end of five months, having coloured sputum at intervals until the very day before she left.

"These are a few of the reasons why nurses do not benefit as much as they ought to do in these places. The treatment is entirely unsuitable.

"On the other hand, I have been very thankful to have a room to myself, and quiet at night. The little rooms are quite delightful. The grounds are also very beautiful. The doctors were very friendly and amiable to all the patients, and I liked the Sister-in-Charge of my block very much. I think that the directors and governors and the other people who are giving their money and their time, and their interest, to such institutions, are doing a very good work that is sorely needed; and that it is a thousand pities that the disease of tuberculosis is so little understood in Britain."

The Duke of Northumberland, in his address as President of the Royal Sanitary Institute Congress at Newcastle-on-Tyne, spoke of the tendency for Local Authorities to become more and more under the control of those engaged in manual labour, and aroused cheers when he said that this end was in every way laudable.

BOOK OF THE WEEK.

"MR. WU."*

This wonderful story of Chinese life deserves to be widely read. Those who have seen the play bearing the same title will no doubt eagerly seize the opportunity to read the book and those who had not that opportunity will wish they had not missed that most interesting play on which the story is built up.

Mr. Wu was a Chinese gentleman of wealth and position and also of immense influence. He had received a European education in his childhood from his tutor and subsequently went to England to complete his studies at school and Oxford.

Prior to his departure for Europe, he, at the age of ten years was married to a babe of a few months' old at the house of her parents. It is a charming description that is given of the espousals, and is typical of the many other delightful passages with which the book abounds.

"It was love at first sight. The bride crowed at the bridegroom, and he forgot his grave new dignity, and his ceremonial robes, and clapped his little yellow hands and danced with delight.

"She was as fat as butter but not nearly so yellow as Devon butter when creamed from kine that feed on buttercups and clover there. Her tints were more the colour of a pale tea rose. She had bewitching dimples and the exquisitely lovely eyes that are the Chinese birthright."

The picture of the little boy seated on little Mrs. Wu's nursery floor and nursing his baby bride is a very sweet one.

We cannot follow young Wu in the years of his subsequent education, though we could quote alluring passages from every page. His disgust at the Chinese Legation furnished from Tottenham Court Road, where he spent five years, his intense boredom and home sickness on the long day at Kew, where he was called upon to admire the shrubs and flowers "To his angry young eyes the expatriated lotus plants seemed little better than weeds." Another humiliation was the cutting of his hair and the donning of European clothes. "It was a tragedy indeed and almost broke his affectionate homesick heart."

But at last, his European phase was over and he returned to his own land. He was by this time, twenty-four years old.

Of course the first thing that he took in hand was the homecoming of his young bride and the ceremonial attending this is another most realistic piece of writing.

At last they were alone.

Gently carefully he led her into an inner room, and there he lifted her red veil and looked into her face.

After a long moment she lifted her pretty almond eyes and looked into his—two gorgeous

*By Louise Jordan Miln. London: Cassell & Co.

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bedizened people standing very still with a cloud of red gauze heaped about their feet.

Wu made a sudden sound that was almost a sob, and held out his arms. "My flower," he said.

For a year they lived in paradise, the pretty paradise that only comes once and does not come to all.

When their first year closed, she bore him a daughter, and in the bearing died.

It is with this treasured daughter, Nang Ping, that the tragedy of the story lies.

She met in her charming pagoda, of course by stealth, a young Englishman.

Kissing is not a Chinese art, but Basil had taught Nang Ping to kiss.

Alas, if it had only ended there!

Nang Ping is innately pure and she experiences no shame when she discloses to Basil that she is to bear him a child.

She tells him that to possess a son is the one big prayer of her women to the goddess Kan Win.

Basil, though he is commonplace and coarse-fibred, has a charming mother who is devoted to him.

She visits Nang Ping to drink tea with her in her Chinese garden, all unconscious of the wrong her son has done the girl, and one can almost see the little Chinese girl gravely playing the hostess with her quaint customs and, as we should say, "with a stiff upper lip."

Cowardly Basil takes leave of Nang Ping in her garden.

Nang Ping when she hears of his intention to desert her treats him with gentle dignity.

"I will come back to you."

"No!" Nang Ping's voice was soft and clear and tender as a flute. "Go and forget!"

She was afraid to trust those arms, a thousand times afraid to trust herself. Basil sprang to catch her in his arms. But before he reached her other arms caught him and held him in a vice.

It was the great and terrible Wu and "slowly he smiled a terrible smile."

The next day Wu killed his only and beloved little daughter.

"Nang Ping," he said, softly, for she was motherless and very young, and he loved her still. And as she turned he smote her with the great sword.

"All night he sat immovable and alone, while the heart's blood of his only child clotted and crusted at his feet."

His terrible vengeance on Basil's family beggars description, and one reads on absorbed and holding one's breath, while his horrible relentless cruelty and vindictiveness proceeds.

This book, apart from its high literary merit, is specially interesting, bearing as it does on inter-racial problems.

H. H.

WORD FOR THE WEEK.

"There is no price too dear to pay for perfection."—ANDREW CARNEGIE.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

FOR MIDDLE-AGED AND ELDERLY FOLK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Please accept my many thanks for your kindness in putting in such an interesting paragraph about my new venture in your paper. When the holidays are over, I intend to use the houses for middle-aged and elderly folks needing a home, and would feel confidence if they were under a roof with a trained nurse. That, no doubt, will be about October.

Believe me,

Yours gratefully,

A. A. WOOD.

26 & 27, Shipburne Road,
Tonbridge.

USELESS WITHOUT SISTERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—All nurses will be glad to note that a Consulting Surgeon to the forces in France has laid down the principle that "it is no good to have beds for sick patients unless you have Nursing Sisters." One would have thought it a self-evident proposition; but the War Office, in its wisdom, has, before this war, thought otherwise, and few have escaped through the meshes of the net which confined them in the base hospitals. Now, that at last, through the urgent necessities of the situation, the restrictions have been removed, I do hope that never again will it be supposed that nurses cannot be allowed to go wherever there are sick and wounded who need their services.

Yours faithfully,

M.R.B.N.A.

SAVE THE CHILDREN FUND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—The Government has invoked the help of the British people in relieving the distress from famine in Europe and Asia Minor. Lord Robert Cecil has expressed the hope that the relief agencies appealing to the public under the Government's offer to double all voluntary gifts (up to £200,000) raised in the United Kingdom, "will receive response that will bring to some millions of children . . . a message of practical sympathy." "There is no doubt whatever," said Lord Robert in the Commons on the 21st ulto., "that in large parts of Central Europe, including some parts of Germany, the children, the babies, are actually dying from want of food and want of milk. I do not believe that can be questioned."

Other distinguished men appeal to us. Lord Curzon sends out "an urgent call to the people of the British Empire to play their part in the great task of reconciliation and mercy." General

Smuts asks us all "to exert ourselves to the utmost in the great work of saving the wreckage of life and industry." Sir William Goode, British Director of Relief Missions in Paris, writes to tell us that twelve and a half millions are being spent by our Government in Europe, and this sum will all be used up or allocated before the harvest. Still there will be urgent need, he says, for medical comforts and for supplementary food, particularly for the children.

Will you be so good as to allow us space to remind your readers that the Save the Children Fund (Hon. Sec., Mrs. Buxton, 329, High Holborn, W.C.1.) has set itself the task of carrying this message to the nation? This is a central Relief Fund to be administered through the various excellent relief agencies which are at work in different parts of the famine area. The Fund does not confine itself within the limitations of the Government grant (Germany and part of Russia are excluded from benefit), but sends help where help is most needed irrespective of nationality. Donations, however, may be earmarked for any particular country. "What you have already done," writes Mr. C. K. Butler, Head of the British Mission to Vienna, "has been and will be of incalculable benefit to the suffering."

This great work is the first life saving scheme of international scope, and it may prove to be the greatest mission that compassionate men have ever embarked upon. It can only succeed if people of all classes, parties and beliefs will unite and ally their efforts with those of the Government.

Yours, &c.,

HENRY BENTINCK.
BUCKMASTER.
MARY R. MACARTHUR.
PAMELA MCKENNA.

LETTER FROM KASHMIR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—In the BRITISH JOURNAL OF NURSING of May 17th, in an article on "Inventions I have seen during the War," the Ambrine Treatment for Burns is described. Will you kindly inform me where Ambrine can be obtained, as I should so much like to try it here, for the cases of burns with the poor children, and even with the grown-ups are dreadful. The poor things are so insufficiently clothed and have no fire places in their houses. They all therefore use a kangri, or fire basket, and this often gets knocked over. Or the mother is sitting over her kangri and nursing the baby, and suddenly there is a loud scream. The child's hand or foot is burnt. The mothers put the child under their pharan to nurse. This pharan, which is the woman's dress here, is very like a farmer's old-fashioned smock-frock.

Children going to school, or to the market, run and fall down and away go the contents of the kangri all over them.

The burns each winter are dreadful. Sometimes a father, mother and child are terribly burnt. They take the kangri to bed with them,

and it gets upset in their sleep. The bedding takes fire and you can picture the result.

Will you also thank Mrs. Trotter who so very kindly sends us THE BRITISH JOURNAL OF NURSING so regularly, and say when we have quite read it we pass it on to another friend at Gilgat, some ten days' journey from here. Only Mrs. Trotter's name is on the cover, so we cannot write and thank her for her kindness in sending the paper which we greatly enjoy.

I think we whose lot it is to work far away from civilization value your paper even more perhaps than those people who are in the middle of all that is going on at home. It is surprising when one meets nurses just out from England whom one expects to be so up-to-date with what is going on, and they look at you when you ask them about something most interesting in nursing work at home, and they know nothing about it. No interest! Or else it is we have so few opportunities out here of learning about new things that what we read is impressed upon the mind.

I am, dear Madam,

Yours faithfully,

E. M. NEWMAN.

Srinagar, Kashmir.

KERNELS FROM CORRESPONDENCE.

"An Admirer of Courage": "I am delighted that someone has at last had the insight to realise that there is no honour in wearing a uniform to which she is not entitled, and the courage to take the consequences of abiding by her principles. All honour to Miss Bacon."

"Justice" writes: "I notice that the Secretary of State for War, in reply to a question in the House of Commons as to the award of the General Service Medal to nurses and V.A.D.'s engaged in home hospitals, was not encouraging, and pointed out that every medal given to people who did not take part in the fighting detracted from the distinction enjoyed by those who have earned their medals by so doing. How I wish Mr. Churchill would consider the application of this principle to the award of the Royal Red Cross. It used to be the nurses' V.C.; now it may mean no more than having worked as a probationer for a few months in a hospital at home where wounded soldiers are received."

OUR PRIZE COMPETITION.

QUESTIONS.

August 16th.—What is meant by "descent of the cord" and what complications and difficulties does this create?

August 23rd.—How would you prepare, and apply, an extension for a case of compound fracture of the femur? What precautions would you take?

August 30th.—What advice would you give in a case of chronic phthisis which had to be nursed at home?

The Midwife.

"THE WELFARE OF THE EXPECTANT MOTHER."

An excellent little handbook, entitled "The Welfare of the Expectant Mother," by Mrs. Scharlieb, C.B.E., M.D., M.S., has been published by Messrs. Cassell & Co., La Belle Sauvage, E.C. 4, as one of the English Public Health Series, and should prove of much value to the classes of the community for which it has been written.

Though the volume is a small one, the subjects cover a wide area, from the "Signs and Symptoms of Pregnancy," to "Laws and Regulations Concerning Maternity Welfare."

Couched in simple and concise language, the book is well within the intelligence of all classes of readers.

The calculation of the duration of pregnancy for instance, is given with the reasons why there are sometimes errors in making this calculation. The author states "that where fertilisation takes place before a period, the calculation will be out any number of days, up to fourteen"; and makes the interesting suggestion that the old saying concerning a "lazy girl" was that, when a baby was late keeping its appointment, it was generally a girl, the supposition being that the child conceived when its mother's nutritional value was at its highest—immediately before menstruation—would develop into the highly specialised female. She says that "it has also been observed that during the hardships and privations of war boy babies are more numerous."

In the chapter, under heading of "The Midwife," the author remarks "that it is unfortunate that the midwife is not bound under the Acts to make any special examination with a view to ascertaining whether or not the woman's calculation appears to be correct, and whether there is a reasonable expectation that the labour will be normal."

"It is, therefore, desirable that a careful examination should be made as soon as possible after the booking of a case, special care being taken to notice the height and conformation of the patient." In the case of suspected gonorrhœa, the author suggests that a specimen should be collected and sent in a sterilised test tube to the woman's doctor, or to the hospital at which she is advised to attend. We do not endorse the suggestion that it is the duty of the Health Visitor to visit the mother and child within the first few days after the confinement, and "see if the infant is comfortably dressed, and whether its eyes and eyelids appear to be normal."

We hold that, during the puerperium, the Health Visitor should have no jurisdiction in the lying-in room, though after-care may be, and no doubt is, of extreme value, if she is properly

equipped for her work. We observe that, at the conclusion of the chapter the author remarks that "the industrial woman is justly apt to resent so many visitors and such varying advice."

The chapter on "Maternity Homes" gives some very useful suggestions as to the establishment of such homes. The suggestion is that "in very small towns and country districts a well drained and comfortable house should be taken by the local authority for the accommodation of the midwife and two or three patients."

"Such an arrangement would provide for the comfort, cleanliness, and careful supervision of lying in women, and, also by concentrating some portion of her work, it would economise the strength and time of the midwife." It is pointed out that if this suggestion were to be carried out it would be necessary for a maternity nurse to work under the midwife.

We are greatly in favour of this suggestion as from the point of view of the patient, the Lying-in-Hospitals, invaluable as they are to those in their immediate vicinity, are comparatively useless to those women where transport is not as easily obtainable as in the big towns, and, in cases of emergency, they have to fall back upon the local Poor Law Infirmary.

The last two chapters dealing with "Illegitimacy" and "The Laws and Regulations concerning Maternity Welfare" are, perhaps, the most valuable in the book, for we imagine that many otherwise excellently equipped nurses are often ignorant of laws connected with what is indirectly a very important part of their work. A nurse is doubly valuable if she is able to be, in addition, a sympathiser and "friend in need."

The eligibility for Maternity Benefit of course intimately concerns the midwife when it may be, perhaps, the sole source of the necessary provision for the mother and child.

Dealing with "Illegitimacy," the author gives the recommendations of the National Council for the Unmarried Mother and her Child." Those who know anything of the affiliation laws will gladly welcome its recommendations. To quote only two:—

(1) That paternity proceedings for purposes of affiliation shall be taken in future without reference or expense to the mother, and that the onus of proving paternity should fall on the State rather than on her.

(6) That where a father cannot be found, the payment of the allowance should be made by the State.

A nurse or midwife who knows the ropes in these directions will often be able to render incalculable service to young mothers under her care.

We cannot conclude without one word in defence of the foster mother, who, in our experience is often the salt of the earth.

THE BRITISH JOURNAL OF NURSING

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SATURDAY, AUGUST 23, 1919.

Vol. LXII

EDITORIAL.

"Let all who will man the boat and save the nation."—The Prime Minister in the House of Commons.

With the above words the Prime Minister concluded a speech of primary importance in the House of Commons on Monday last. He told the House that the cardinal feature of the moment is that we are not paying our way until we increase production in this country, and, if we do not do that now, we shall be driven by the stern scourge of events later on to reduce lower than ever the standard of living in this country. He could see no alternative except quitting the country for which the people fought so grandly for four years.

The appeal of Mr. Lloyd George to the nation is in short an appeal to patriotism, just as surely as that which was made five years ago, and which evoked so splendid a response. But there is this difference. During the years of war only a section of the nation could take a direct share in its defence. Now every man, woman and child can do so. For the exercise of thrift, of industry, of frugality are virtues which all may practise, and it is by such means that we shall in national, as in personal, matters first bring our expenditure within our income and then create a balance on the right side.

At first sight it may seem that we, as nurses, have little to do with the increase of production, which is a matter for politicians, but consideration may prove otherwise.

The Prime Minister said, and said truly: "Everyone is suffering from the terrible strain of the war. Nerves are jagged and sore, and I am not sure that we make sufficient allowance for it, and for the nervous re-action.

There is no surer sign of ruffled nerves than the general disposition to grumble and grouse about everything and everybody." People in that condition are certainly not in the best position to increase output, and where the tension is great, may even cease productive labour altogether. Here, therefore, is a bit of work, and congenial work, ready to our hand—to help to build up the health of the nation so that it may be physically fit to cope with the gigantic task which confronts it, and that needless troubles may not arise because of the fret and fraying of jangled nerves, and of the physical and mental strain through which it has passed. To attain that end is a worthy aim for our best endeavour.

Then, if we are honest, we must most of us own that there are directions in which we could and should economise. If every member of the nursing staff of a hospital cultivated a sensitive conscience as to the prevention of waste, considerable economy would be effected which, multiplied many times, would result in substantial national saving. In the use of coal, of gas, of linen, of surgical stores, economy could often be effected without impairing efficiency. It should be a matter of honour and patriotism with each one, from the highest to the lowest in a hospital, to practise economy wherever possible, and any extravagance should be regarded as "bad form."

The happy and intimate relations usually existing between the nursing profession and the public gives us many opportunities of advising those who trust us. We can show how we "must cut down needless expenditure and must increase production by every legitimate endeavour. . . . With a clear eye and steady hand and a willing heart we will row through into calmer and bluer waters. . . . Let all who will man the boat and save the nation."

OUR PRIZE COMPETITION.

WHAT IS MEANT BY "DESCENT OF CORD," AND WHAT COMPLICATIONS AND DIFFICULTIES DOES THIS CREATE?

We have pleasure in awarding the prize this week to Miss E. O. Walford, 235, Maldon Road, Colchester.

PRIZE PAPER.

Descent of cord is the term used when the cord comes down with, or in front of, the presenting part. Cases of descent of cord are divided into three classes—presentation of cord, prolapse of cord, and expression of cord—according to the stage in which it occurs.

(a) *Presentation of cord* is the name given when the cord is felt in front of the presenting part *before* the rupture of the membranes.

(b) *Prolapse of cord* is when the cord is in front of the presenting part *after* the rupture of the membranes, the cord being carried down by the liquor amnii.

(c) *Expression of cord* occurs in the second stage, and is when the cord, having prolapsed, becomes squeezed between the presenting part and the brim of the pelvis. Descent of cord may be caused by any condition which prevents the presenting part from fitting in the brim of the pelvis. Foremost among these conditions are:—

(a) Malpresentations—face, brow, breech or transverse.

(b) Contracted pelvis.

(c) Small foetus, as in premature labour.

(d) An abnormally large child.

(e) Hydramnios.

(f) Twins.

It may also be due to:—

(a) Low attachment of the placenta, in placenta prævia.

(b) Insertion of the cord into the margin of the placenta, *i.e.*, battledore placenta.

(c) An abnormally long cord.

(d) Velamentous insertion of cord.

(e) Lax condition of the uterus.

Descent of cord is not dangerous to the mother, but is to the child, especially if the membranes have ruptured. The condition is more common in multiparæ, on account of the greater laxity of the abdominal muscles, but it is more dangerous when it occurs in primiparæ.

In either class of descent the doctor should be sent for at once, a note being written to say whether the membranes have ruptured or not, and, in the former case, whether the cord is expressed, also whether the cord is pulsating. While waiting his arrival *try to keep the membranes from rupturing*, if they have not already

done so. Do not make vaginal examinations, and tell the patient not to strain or bear down. Place the patient in the knee-chest position—that is, kneeling on the bed, with the chest and face resting on the bed. This makes the fundus of the uterus become lower than the os, and enables the cord to slip back into it. If the cord does slip back, and the presentation is either a head or breech, pressure should be made on the fundus to make the presenting part fit down into the brim, and it should be kept there by a firm binder. Then when the membranes rupture, encourage the patient to bear down.

If the membranes have ruptured, and the doctor cannot arrive soon, try to replace the cord above the presenting part. Sometimes it can be pushed up with the hand in the interval of a pain; but if not, a gum-elastic catheter, and a piece of tape should be boiled, a hole made in the catheter near the eye, and the tape passed through both holes. The tape should then be made into a loose noose, and placed round the cord, and the catheter pushed as high as possible into the uterus and either held or fixed there by a bandage attached to either side of the binder. The patient should be made to lie on the opposite side to which the cord came down in a breech, on the same side in a vertex. If the cord cannot be replaced, it should be placed where it will get least pressure, that is, in either sacro-iliac synchondrosis.

If the cord is expressed, try to replace it by means of a catheter, failing this, to protect it as far as possible from pressure as above.

Preparation should be made for delivery by forceps, and everything necessary to revive a child born in white asphyxia.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys Burke, Miss E. Batty, Miss E. K. Dickson, Miss E. Douglas, Miss R. E. S. Cox, Miss Henrietta Inglis, Mrs. Farthing.

Miss Gladys Burke writes:—If simpler methods do not prevail the doctor may have to perform version, either external or internal. There should be ready, besides the usual anti-septic precautions, a douche (Lysol 3 ss to water, one pint, temperature 105° Fahr.), also binder and towel, to be used as a pad to keep the child in position.

If the cervix is sufficiently dilated to ensure rapid delivery the doctor may decide to apply forceps.

QUESTION FOR NEXT WEEK.

How would you prepare and apply an extension for a case of compound fracture of the femur? What precautions would you take?

HONOURS FOR NURSES.

The Royal Red Cross.

SECOND CLASS.

CANADIAN ARMY MEDICAL CORPS.

(Concluded from page 104).

Miss E. E. V. Alexander, Nursing Sister, HMAT "Essequibo"; Miss M. Bastedo, Nursing Sister, No. 4 Canadian General Hospital, Basingstoke; Miss J. I. Bell, Nursing Sister, HMAT "Araguaya"; Miss L. J. Brand, Nursing Sister, No. 15, Canadian General Hospital, Taplow; Miss E. B. Burpee, Nursing Sister, No. 15 Canadian Officers' Hospital, London; Miss J. S. Calder, Nursing Sister, Canadian Officers' Hospital, London; Miss A. M. Christie, Sister, No. 4 Canadian General Hospital, Basingstoke; Miss H. C. Claxton, Nursing Sister, No. 5 Canadian General Hospitals, Liverpool; Miss M. R. Fitzpatrick, Matron, Perkin Bull Convalescent Hospital, Putney Heath; Miss M. H. Gagre, Nursing Sister, No. 15 Canadian General Hospital, Taplow; Miss A. V. Gamble, Nursing Sister, West Cliff Canadian Eye and Ear Hospital, Folkestone; Miss D. L. Gray, Nursing Sister, No. 11 Canadian General Hospital, Moore Barracks, Shorncliffe; Miss H. Hardinge, Matron, Massey Harris Hospital, Dulwich; Miss G. Holland, Nursing Sister, No. 16 Canadian General Hospital, Orpington; Miss F. M. Kelly, Nursing Sister, Canadian Forestry Hospital, Beech Hill, Englefield Green; Miss H. M. Kendall, Nursing Sister, No. 16 Canadian General Hospital, Orpington; Miss L. Macdonald, Nursing Sister, No. 12 Canadian General Hospital, Bramshott; Miss B. H. Mack, Nursing Sister, No. 15, Canadian General Hospital, Taplow; Miss R. McCulloch, Nursing Sister, Canadian Special Hospital, Lenham; Miss B. A. Merriman, Nursing Sister (Assistant Matron), Canadian Red Cross Officers' Hospital, London; Miss E. L. Moore, Nursing Sister, No. 4 Canadian General Hospital, Basingstoke; Miss F. Munroe, Nursing Sister, No. 15 Canadian General Hospital, Taplow; Miss E. W. Odell, Nursing Sister, HMAT "Essequibo"; Miss M. E. Osborne, Nursing Sister, West Cliff Canadian Eye and Ear Hospital, Folkestone; Miss M. B. Patterson, Nursing Sister, No. 15 Canadian General Hospital, Taplow; Miss F. L. Pyke, Nursing Sister, Canadian Convalescent Hospital, Northwood, Buxton; Miss M. I. Richardson, Nursing Sister, No. 4 Canadian General Hospital, Basingstoke; Miss E. Sinclair, Nursing Sister, No. 15 Canadian General Hospital, Taplow; Miss H. L. Stark, Nursing Sister, Granville Canadian Special Hospital, Buxton; Miss M. S. Townsend, Nursing Sister, No. 4 Canadian General Hospital, Basingstoke.

MENTIONED FOR VALUABLE SERVICES.

The names of a large number of ladies have been brought to the notice of the Secretary of State for War for valuable nursing services rendered in connection with the war. They include those of nurses in the London District, the Aldershot, Eastern, Northern, Scottish, Southern and Western Commands, in the Dominions of Canada, Australia and New Zealand, in the Union of South Africa, and in Gibraltar and Malta, and of members of the British Red Cross Society and of the Order of St. John of Jerusalem.

THE CROIX DE GUERRE.

It is with much pleasure we record that Miss Dorothy Sainsbury, of the French Flag Nursing Corps, has been awarded the Croix de Guerre.

The following is a translation of the extract from the Order conferring this honour:—

Groupe D'Armées Fayolle,
Inspection du Service de Santé.

EXTRACT FROM THE ORDER, No. 19.

In virtue of the powers conferred upon him by the Ministerial Instruction, No. 5,765, K. dated May 23rd, 1915; the Medecin Inspecteur, Général Lasnet, Inspector of the Service de Santé of the G. A. Fayolle, cites:

to the order of the Service de Santé—

Miss Dorothy Sainsbury, Infirmière of the Society, F.F.N.C., Ambulance 12/14.

Infirmière d'élite, at the front since 1915, has always shown an unlimited devotion towards the sick and wounded. In difficult and particularly perilous circumstances, under bombardments has given proof of courage and coolness, notably at the time of the bombardment of Fismes (March and April, 1917, Ambulance 12/2); of the withdrawal from Vauxbois (May 29th, 1918, Ambulance 12/14); of the bombardment of the station of Coulommiers (June, 1918, Ambulance 12/14); of the bombardment of Ferté sous Jouarre (August 17th, 1918, Ambulance 12/14).

Q.G., 22nd July, 1919.

Le Medecin Inspecteur
Général Lasnet,

Inspector of the Service de
Santé of the G.A.F.

Approbation of the Maréchal
de France, Commandant in
Chief of the French Armies of
the East, under the No. 14,983,
dated July 12th, 1919.

COMMISSION TO INVESTIGATE TYPHUS.

The Ministry of Health issue the following announcement:—

The Minister of Health of Poland has asked for the assistance of the International League of Red Cross Societies in connection with the suppression of typhus fever in that country and in providing measures against the spread of typhus and other epidemics across Western Europe.

The League of Red Cross Societies have appointed a Commission to investigate the conditions in Poland and to report to the League thereon and as to the measures that might advisedly be taken.

Dr. Addison (Minister of Health), as the Authority responsible in this country for National and International Health questions, has at the request of the League, lent to them the services of Dr. G. S. Buchanan, C.B., one of the Senior Medical Officers of the Ministry. Dr. Buchanan has accordingly been appointed a member of the Commission, which will leave for Poland within the next two or three days. The other members of the Commission are M. Castellani (an Italian bacteriologist), Colonel Cumming (Federal U.S.A., Medical Service), and M. Dopter (a French Epidemiologist).

NURSING ECHOES.

Many well-known artists are at present engaged on pictures recording different phases of women's work for the Women's Section of the Imperial War Museum, amongst whom William Nicholson is painting Army nurses in the Peace procession saluting the Cenotaph.

In the House of Commons, on August 14th, Mr. Doyle asked the Minister of Health if, at the Northern Hospital, Winchmore Hill, London, certain wards are used for consumptive patients in all stages of the disease, the patients including men, women and children, while other wards are being used for children convalescent from scarlet fever and diphtheria removed from other infectious hospitals; if his attention had been drawn to the fact that the whole of the wards referred to are enclosed in one building, that the nursing staff is presided over by one matron, and that the nurses are employed indiscriminately in either infectious or tuberculosis wards; whether, if he decides that the hospital should still house both classes of patients, steps will be taken to appoint a recognised expert to take responsible charge of the tuberculosis wards; and if he will ascertain if there is sufficient and suitable space for recreation for sanatorium patients?

The Parliamentary Secretary to the Ministry of Health, Major Astor, replied that some blocks at the Metropolitan Asylums Board Hospital, Winchmore Hill, are used for the treatment of tuberculous patients, and other blocks for convalescent cases of acute infectious disease, but no ward and no block is used for more than one disease. The tuberculous patients are classified in their respective wards, according to the stages of the disease. A nurse engaged in nursing tuberculosis is not allowed to come into contact with cases of acute infectious disease. An entirely separate medical staff, with special experience in tuberculosis, under the general supervision of the medical superintendent of the hospital, is in charge of the blocks for the treatment of tuberculosis. Having regard to the class of case admitted to these blocks, the space available for recreation is sufficient and suitable.

An interesting account of a typical day in the life of an infant protection visitor is published in the current issue of "Maternity and Child Welfare." Here are two episodes:

"My next call is on Mrs. Belfort, a genial acquaintance of long standing, whose nurse-

infants, if not always as clean as they might be, manage to thrive and to be supremely happy. My inquiry as to how matters have gone since my last visit is met with the information that Polly, aged four years, was really very ill a fortnight ago, and was attended by the doctor. Mrs. Belfort cudgelled her brains for the name of the complaint, shook her head in despair, then with sudden enlightenment exclaimed, 'Tis the same, you know, as the musical instrument.'

With an intuition fortified by experience, I suggest 'catarrh.'

'Ah! that's it,' replied the dear woman; 'Guitar in the stomach'!

And bright-eyed Polly, now apparently in the best of health, gave me a proud smile, as who should say, 'Am not I a wonder-child?'

Annie is a child originally taken as a matter of business between strangers, and soon left on the foster parents' hands.

"When last I visited, Annie was just recovering from mumps, but a glance to-day shows that she has not only regained her normal health but more than her usual amount of high spirits, for I find I have broken in upon a family festival. This is in honour of the eldest son's demobilisation. With an apology for intruding on a meal, I suggest that I shall return after a visit elsewhere, for there is no need here to inspect the nurse-child's food. But I am hailed with the invitation from the husband in a tone which precludes offence: 'Dear me! Miss, do come in; we'll not eat you!'

Thus entreated, I enter the living-room, to find Annie in the place of honour, between 'Daddy' and 'Big Brother' in khaki, looking as though she knew herself, as I know her to be, the ruler of the household.

But with our absence of laws regulating adoptions, what is to happen if one day the actual but unnatural parent reappears to claim the child?"

Horrible details are given in a pamphlet by Professor Romer, of the University of Lwów, of the atrocities committed in the Ukraine (the Polish name for borderland, originally applied to the province of Kiev, and to the region south of Kiev, which was the borderland of the Polish republic, frequently threatened by Tartar invasion). Amongst others, several Red Cross nurses were arrested in Zamarstynów. They were cruelly beaten, the Red Cross signs were torn from them, and they were threatened with death. Such cases were very frequent. The Ukrainian soldiers say that it would be best to exterminate all the nurses.

TRUE TALES WITH A MORAL.

HIGHER EDUCATION.

New Red Cross Nurse to Potentate : "Where do we get cheap uniform hats?"

Potentate : "'Ow about the 'at on your 'ead? It seems a very good 'at."

R.C. Nurse : "Yes, it cost three guineas; it is too good for every day."

Potentate : "Apply to Miss —, she will give you a 'elping 'and. 'Ave you joined the College of Nursing?"

R.C. Nurse : "No. I——"

Potentate : "Surely you believe in the 'igher education of nurses?"

R.C. Nurse : "Rather." (Exit.)

A CONUNDRUM.

Doctor to Out-Patient : "Well what can I do for you?"

Patient : "Well sir, I 'ave this nasty rash all over my face, I want to arst you what's the cause of it. I'm subject to an operated stomach. Do you think as that is anything to do with it?"

VERY SEPTIC.

Customer to Curio Dealer : "Are you quite sure this is 'genuine old'?"

Dealer : "I have already assured you that it is, madam; but like many ladies, you seem very septic."

ON THE SEA SHORE.

He came along the sands after the high tide, a queer old figure with a sack slung over his shoulder. It had been a rough night and the shore was covered with foam and pieces of spar lay on it that had been washed up by the sea. But it is an ill-wind that blows nobody good, and the old fisherman added to his precarious livelihood by hunting for salvage on the shore and selling any curios he found to the visitors. "Would yer like to see this, mum?" he said, producing a glass float that had been washed off the net of a submarine.

Of course we should, and we should also like to give him a shilling for it.

This transaction evidently gave satisfaction to this old son of St. Peter.

He had picked up many such during the war, and had found a ready market for them.

"Did he often find anything of value?"

His face grew cautious, but a satisfied smile stole over it all the same.

"I picked up a barrel of margarine a while back," he said, in a hoarse whisper, bending down so that his old face was on a level with our deck chairs.

"I sold it to the neighbours round about—but yer won't spout on me, will yer?" he said, suddenly apprehensive.

"On no account," we assured him.

As he trotted up the beach we smiled, and the smile gradually expanded into a grin.

Fancy spouting on him!

APPOINTMENTS.

MATRON.

Blair Convalescent Hospital, Bolton.—Miss Winifred Hope has been appointed Matron. She was trained at the Royal Southern Hospital, Liverpool, where she has held the position of Sister and Night Superintendent. She has also held positions of responsibility in Military Hospitals at home, and in Mesopotamia.

ASSISTANT MATRON.

City of Westminster Union Infirmary, Colindale Avenue, Hendon, N.W.—Miss M. A. Rogers has been appointed Assistant Matron. She was trained at the Birmingham Infirmary, where she subsequently held the positions of Staff Nurse and Ward Sister. She also worked at the Acland Home, Oxford, and for the last four years has been first Sister and then Assistant Matron at the Norfolk War Hospital. She is a certified midwife.

Kent County Asylum, Chartham, near Canterbury.—Miss Ruby Florence Watson has been appointed Assistant Matron. She was trained at St. Bartholomew's Hospital; and in addition was for three years at Mount Vernon Hospital, where she afterwards held the position of Sister. She was also Sister at the Royal Surrey County Hospital, and Night Superintendent and Assistant Matron at Norfolk General War Hospital.

NIGHT SISTER.

Normanhurst Hospital for Discharged Soldiers, West Hartlepool.—Miss S. Teasdale has been appointed Night Sister. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and, as a member of the Territorial Force Nursing Service, has worked at the First Northern General Hospital, and in Mesopotamia.

SISTER.

Clare Hall Sanatorium, South Mimms, Middlesex.—Miss Jessie H. Bailey has been appointed Sister. She was trained at the Kensington Infirmary and has been Charge Nurse at the Municipal Sanatorium, Southampton, and Sister at the Fulham Military Hospital, Hammersmith.

SENIOR CHARGE NURSE.

Basford Infirmary, Bullwell, Nottingham.—Miss Cicely Williamson has been appointed Senior Charge Nurse. She was trained at the Stepping Hill Hospital, Stockport, and has been Charge Nurse at Basford Infirmary, and has also had experience of private nursing. She is also a certified midwife.

EXAMINATIONS AND MEDALS

At a recent meeting of the Tynemouth Union Board of Guardians, Dr. Parker, who examined the probationary nurses, reported that the following had been placed in order of merit for the award of medals :—"Frater" Gold Medal, Probationer Nurse Raine; "Murray" Medal, Probationer Nurse Cowell; "Pearson" Medal, Probationer Nurse Burton. Probationer Nurses Hutchinson, Morton, Robinson, Tarron, and Wild had also successfully passed the examination.

The "Save the Children" Fund (339, High Holborn, London, W.C. 1), has just received a donation of £6,000.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION

"FOR VALUABLE SERVICES."

All members of the Corporation will learn with pleasure that in a War Office Communiqué, issued on August 15th, of "names brought to the notice of the Secretary of State for valuable services rendered in the United Kingdom in connection with the War," the name of the Medical Hon. Secretary, Mr. Herbert J. Paterson, F.R.C.S., M.C., Cantab., appears. We in the Association know him best as a valued Hon. Officer, watchful over our interests and always ready to further them. But there are others to whom he is familiar as the Hon. Surgeon during the war of Queen Alexandra's Hospital for Officers at Highgate, where his surgical skill has brought relief to many hundreds of patients who have passed through his hands in this excellently managed institution. Incidentally, we may remember, too, that at a time when the financial value of the services of trained nurses was being depreciated, Mr. Paterson insisted that every nurse on the staff should receive £2 2s. per week.

APPOINTMENT.

Miss Marjory Murray has been appointed Matron of the Orphan Homes of Scotland, an appointment for which she is particularly well qualified, because she is not only a trained nurse, but she has had considerable experience in administrative work, previous to that which she did in France during the war.

Few institutions have a finer record of work behind them than that of the Orphan Homes of Scotland, which found their first beginning in the work of Dr. William Quarrier among the street boys of Glasgow when he founded the newsboys' and shoe-blacks' brigades. The family in the Homes last year comprised 1,775 orphan children. Each home is a nicely planned little villa; there is a special colony for epileptic children and three consumptive sanatoria, a hospital for invalid orphan children, a home for invalid girls, besides a church, school, farm and workshops, where the children may learn much that will be useful to them in after life. Altogether Miss Murray is likely to find plenty of scope for the energy and enterprise that have characterised the earlier parts of her career.

THE INFLUENCE OF COLOUR.

Some time ago there appeared in THE BRITISH JOURNAL OF NURSING a letter which aroused considerable interest on the influence of colour from a therapeutic standpoint, and this might well receive a greater amount of attention. At one time I studied the subject rather closely myself, and came to the conclusion that it was one infinitely more profound than I had ever guessed. It seems to me that what we often hear lightly spoken of as a "colour scheme" is indeed a very subtle and elusive thing when we go beyond the mere act of perception. In the first place, it often only requires the proximity of two colours to entirely alter the tone of one or both. Then, too, how can we tell that all the shades are perceived in the same way by different individuals? We know that colour blindness, in a positive sense, does exist, but may there not be gradations as regards our individual perceptions of a colour? To go even further; I have not the actual quotation by me, but I think it was Goethe who said that colour is mere illusion, that colour as colour really does not exist, but is brought about by the deepening of density upon the white. This assertion opens up an unlimited field of speculation and study in connection with light and colour in relation to therapeutics.

COLOUR SCHEMES.

As regards the "colour schemes," already referred to, if certain enthusiasts in this direction would take nature for their teacher we should be spared the shocks we occasionally experience on entering their chambers of incongruities. All the colours of the spectrum and all the manifold gradations of those colours are to be found in nature and yet the whole is one complete harmony. Take the flowers themselves; nearly always we find the colour of their petals reflected in the leaves of the plant in some way and this is particularly striking in the case of some roses.

But a conscientious study of the influence of colour may lead us beyond mere harmony, as regards the blending of colours, to the consideration of certain aspects which touch the fringe of what might offer opportunity for study much more profound than I am capable of. From the

therapeutic standpoint not only would any given colour call to be considered, but all the gradations of that colour, the tastes, temperament and physical condition of the person whom it is proposed to influence, the way in which he may perceive any given shade and perhaps the associations with it that may exist in his subconscious mind. All such considerations, too, would lead to the conclusion that if colour were to take an important place in therapeutics, certain rooms in the hospitals would require to be set aside for certain forms of disease, for a colour suited to a very excitable patient would be quite different from that which one would expect to influence a patient exhibiting symptoms of another kind.

WHAT INFLUENCES THE PATIENTS.

But this leads us deeper still, and we ask the question whether it is the colour actually visualised which influences the patients or its complementary colour? If the latter, then we nurses must submit to having some of our accepted theories on colour completely overthrown. Grey, for instance, which has been so popular a colour for the sickroom walls, is at once put out of court for its complementary colour is black. Here, indeed, we touch upon what, to me, is a very subtle point in a most complex subject, for we have to deal with the fact that the colour visualised *outwardly* appears to produce its complementary colour *inwardly*. Say, for instance, that one looks for a time at a certain shade of red and then closes the eyes and directs them on to a piece of white paper; a beautiful shade of blue-green will appear, one of the most harmonious shades to be found in nature. Now, will it be this colour or the red which will influence the person in whom it has been evoked? It seems to me that the sense of the colour created in and by a person's own physical organs is that which will affect him most, and here the subjective mind would come largely into play. May it not, therefore, be that the correct standpoint is that the colour selected as part of the treatment for some condition should be that which will evoke *inwardly* the complementary colour judged to be most suited to the patient's state? On this assumption a red room, hitherto regarded with some disfavour, would actually, after the first few minutes, produce the effects which one would have expected from its complementary shade of green. In support of such a theory we might refer again to the supposed "restfulness" of grey; yet where will you find conditions more depressing than those offered by a "grey day"? There is nothing restful or soothing in a sky of thick, soft grey cloud.

FOOD FOR THOUGHT.

On the other hand, Mr. Kemp Prosser, as suggested in the article referred to, which appeared in THE BRITISH JOURNAL OF NURSING, probably, through his blue ceilings, conveys to patients the sense of infinity and space given by a blue sky. Indeed, in his idea there is food for further thought, for I believe that in the Roman Catholic Church a beautiful shade of blue is always asso-

ciated with the Virgin, and the complementary shade to this is the wonderful yellow which the masters used in painting the halos of their saints. Those old masters had an understanding of the influence of colour lost to the artists of later times. In some peculiar way it is the colour of a great masterpiece which affects us as much if not more than its lining. Half the feeling of the picture is lost when we look on a representation of it without colour. Yet, when we come to analyse these colours separately and from the point of view of perception alone they cannot in themselves be said to be more beautiful than those of the present day. May it not therefore be the feelings which those colours create *within* ourselves which give to the pictures such power? Perhaps the masters' understanding of colour was more inspirational than actually intellectual, for we find that in the case of each the lining is as characteristic of the artist as his colours, but this fact will not hinder us from finding in their pictures object lessons in still new fields for intellectual activity and for more than mere conjecture on the influence of colour upon the mind and, through it, upon the health of the body and the cure of abnormal conditions.

I. M.

NOTICE TO MEMBERS.

As many members are changing their appointments at the present time, we would remind them of the necessity for forwarding at once to the office notice of any change in their address, as failure to do so always involves considerable correspondence which could be avoided if members would just send at once a postcard telling of any fresh appointment or alteration in an address which they have previously used.

THINGS THAT ARE DAPPLED.

In the sweet crystalline time of colour, the painters, whether on glass or canvas, employed intricate patterns in order to mingle hues beautifully with each other, and make one perfect melody of them all. But, in the great naturalist school they like their patterns to come in the Greek way, dashed dark on light—gleaming light out of dark. That means also that the world round them has again returned to the Greek conviction that all nature, especially human nature, is not entirely melodious nor luminous, but a barred and broken thing; that saints have the foibles, sinners their forces; that the most luminous virtue is often only a flash, and the blackest-looking fault is sometimes only a stain; and, without confusing in the least black with white, they can forgive, or even take delight in things that are dappled.

You have, then, first, mystery. Secondly, opposition of dark and light. Then, lastly, whatever truth of form the dark and light can show.

JOHN RUSKIN.

ISABEL MACDONALD,

Secretary to the Corporation.

10, Orchard Street, London, W.

ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

The Committee of the above Association have adopted the following recommendations, and sent them to the Ministry of Health.

Recommendations of the Association of Trained Nurses in Public Health Work as to the qualifications, future conditions of training and salaries of women engaged in such work.

QUALIFICATIONS.

Candidates for Public Health Work should in all cases be required to produce evidence of having undergone a three years' course of training in a General Hospital.

In addition to the above, candidates for *Infant Welfare Work* should hold the Certificate of the Central Midwives Board and should produce evidence of practical experience at an Infant Welfare Centre or in Infant Dietetic Wards.

Candidates for *Tuberculosis Work* should produce evidence of having had at least six months' experience in a Chest Hospital, Sanatorium or Tuberculosis Dispensary.

Candidates for *School Work* should produce evidence of having had training in a Children's Hospital or in a Skin or Fever Hospital.

SUGGESTED CONDITIONS OF TRAINING FOR PUBLIC HEALTH WORKERS.

1. Arrangements should be made to enable nurses to qualify for the C.M.B. examination previous to severing connection with the Hospital at which they obtain their General Training, and General Hospitals and Midwifery Training Schools should co-operate with each other in order to facilitate such an arrangement.

2. Infant Welfare Centres and Tuberculosis Dispensaries should admit those students only who have undergone a course of three years' General Training in the wards of a Hospital.

3. Some scheme should be inaugurated to provide for a system of reciprocity to enable student nurses in Public Health Work to get a minimum course of experience of two months in a Tuberculosis Dispensary, two in an Infant Welfare Centre, and two at a School Clinic, such experience to include home visiting and the keeping of records. This is the more important in view of the desirability for arranging that, in the future, smaller areas should be served by Centres, so that one Health Visitor would be able to deal with each branch of visiting work, thus avoiding overlapping of visits.

4. Lectures should be given concurrently on Social Economics by a Visiting teacher possessing suitable qualifications.

5. Systematic home-visiting should be carried on from the centres.

6. Such centres should be under the superintendence of a fully-trained nurse who has additional administrative experience.

7. A salary should be paid to the nurse during her training.

SALARIES RECOMMENDED FOR TRAINED NURSES IN PUBLIC HEALTH WORK.

Minimum salary for fully-trained nurse, £200 a year.

Minimum salary for fully-trained nurse who has the C.M.B., £200 a year.

Salary for fully-trained nurses with one year's experience in Public Health Work, £220 a year.

An increase of £10 a year for every subsequent year's service.

Maximum salary, £300 a year.

Salary for administrative posts, £300 to £500 a year.

THE MEANING OF A LEAGUE.

In a very interesting article in a recent issue of the paper of the Victoria and Bournemouth Nurses' League, the President, Mrs. Balstone, gives an inspiring account of the visit which she paid to the House of Commons on the occasion of the second reading of the Nurses' Registration Bill:—

Our little band interested in the great question of the nursing world will like to hear of the visit paid by our ever-willing treasurer and myself to the House of Parliament the day before our Bill was down for the second reading.

Matron asked me to go up to let the powers that be know that away down here in Bournemouth there were loyal nurses on the V.B.N.L., who wish their voices to be heard concerning this just and good Bill, which was before the House, on State Registration for Nurses. But Matron went one better; thinking that I should be nervous, she sent Miss Clarke with me, paying all her expenses. Our League, of course, paid mine; because that is the meaning of a League, that we may unite and be heard, when we wish to express ourselves *re* our work or profession. So away Miss Clarke and I went by the first train. At 2 p.m. we were outside the House. We saw a very grand wedding just across the road. I wanted to go and have a look at them, but Miss Clarke would not go, or let me; she said we were not up for a wedding, but on much more serious business.

Soon nurses began to arrive, so we followed them in. At first there were only a very few. Soon our great leader, and one of the first pioneers of State registration arrived. I am very full of admiration for that lady (Mrs. Bedford Fenwick); she has borne the heat and burden of the day, and is by no means a worn-out general. Soon crowds of nurses began to arrive. I chummed up to one bright, chatty young nurse, and got her to tell me a few names of ladies whom I thought I ought to know. And I was glad, for among several names I knew well through THE BRITISH JOURNAL OF NURSING, I saw face to face ladies who are as charming to look upon as their writings are a pleasure to read. One was Miss Beatrice Kent, and the other Miss Isabel Macdonald. Those ladies, among many others, carry the standard of our profession very high, and give all their energies and much financial help, so that those who come after them may reap the reward.

Well, there were crowds of serious, anxious nurses; and a great many very young ones, and our bit towards

our Bill was to send for any member we knew, and ask him to do his best for our State Registration Bill on the morrow. Some members asked many questions, and learnt a great deal more about the nursing profession than they ever heard of before. It was so strange. As soon as a member appeared we crowded round him, and listened to his objections to the Bill, or his appreciation of it. I sent for General Page Croft, and told him I had been sent up by the V.B.N.L. That I had just arrived from Bournemouth, to ask him to do his best to get our Bill passed. He said, "tell the V.B.N.L. that I am in entire sympathy with their Bill, and will do my best for them to-morrow." Now I hope you all take THE BRITISH JOURNAL OF NURSING, because you will have read there what has happened to our Bill.

Miss Clarke and I arrived home rather excited and tired, but we did wish we could have stayed! and heard the debate on the Bill on the following day. All those nurses who have paid their League subscription have the pleasure of knowing that, so far as I was able, I made their wishes known to our member, who promised to voice our wishes in regard to the Bill.

"What has happened" to our Bill is that, notwithstanding its splendid reception on the Second Reading, owing to the wrecking policy of the Council of the College of Nursing, Ltd., there was not time for it to get through the Report Stage in the House of Commons, though—had it not been for the time taken up by wrecking Amendments and Motions for the Adjournment, it would have been possible—as Major Barnett stated in the House—to have dealt with all the real amendments promised in the Committee stage, and passed the Bill with a good chance in another place of some agreement being arrived at, in which case we might now be rejoicing that the Bill had received the Royal Assent.

IN HONOUR OF EDITH CAVELL.

By the kind permission of Sir George Frampton, the sculptor, and the courtesy of the Editor of the *Builder*, we are able to publish the picture

on this page showing the crowning group of the Edith Cavell monument for London. The folds of drapery hanging in front of the group bear a Greek Cross of familiar design. The erection of this monument, when complete on a site in the centre of the Metropolis will be a fitting commemoration of this heroic nurse.



CROWNING GROUP OF THE EDITH CAVELL MONUMENT FOR LONDON.

Sir George Frampton, Sculptor.

Signor Beniamino Fonte, of Naples, the eminent composer, has (says the *Red Cross*), presented the British Red Cross Society with an "Epicidium" to Miss Edith Cavell. This takes the form of a handsome folio volume, written on vellum paper and bound in a beautifully tooled and lettered cover, with the full score for wood wind for twenty-nine instruments. It is intended to present this volume to the Red Cross Section of the Imperial War Museum, where it will be suitably displayed. Possibly the work may be

placed in the hands of a musician of note, who may arrange for a performance on some occasion in connection with the ceremony of opening the museum, as a fitting addition to what will prove an interesting occasion.

The King George Hospital is to be known in future as Cornwall House.

BOOK OF THE WEEK.

"JAVA HEAD."*

This last book of the author of "The Three Black Pennys," which we noticed a short time ago, is the chronicle of a few weeks in the lives of the family of a wealthy ship-owner in a Boston port. Jeremy Ammidon, the senior partner, could never forget he had himself spent many years at sea trading, and it was a constant annoyance to his son William that he was constantly disparaging the new shipping methods as contrasted with those of his day. Laurel, the old man's granddaughter, was one of William's four young daughters, and was the favourite with her grandfather on account of her interest in things nautical. Laurel on the day following her eleventh birthday decided to abandon among other things belonging to her childish ways, the length of pantalets which hung below her dress. "Her years were affronted by them. Such a show of ruffles might do for a very small girl, but not for one of eleven; and she caught them up until only the merest frilled edge was visible. Then she made a bouyant descent and joined her grandfather."

"Bless me" he said turning upon her his steady blue gaze "what have we got here, all dressed up to go ashore?" She sharply elevated her shoulder and retorted "Well, I'm eleven."

His look which had seemed quite fierce grew kindly again.

"Eleven!" he said with satisfactory amazement "that will need some cumshaws and kisses. The first she knew was a word of pleasant imports brought from the East, and meant gifts; and realising that the second was unavoidably connected with it she philosophically held up her face. Lifting her over his expanse of stomach he kissed her loudly."

In the commencement of the book the Ammidon family was in anxiety about the safety of Gerrit Ammidon, master of the ship "Nautilus," long overdue from China, and the relief was great when the news came that the "Nautilus" was safe and almost in harbour. Gerrit was a favourite with all, especially with his handsome sister-in-law.

It seemed to her that Gerrit descending a short stage from the deck, looked markedly older than when he had sailed. They were somewhat mystified by his request that they would return and send back the barouche for him. His unusual demand puzzled Rhoda, while she was changing into gala attire. But the mystery was solved when the barouche drew up before the hall door. "She had a glimpse of a figure at Gerrit's side in extravagantly brilliant satins. There was a sibilant whisper of rich material in the hall, and the master entered the library with a pale set face."

* Joseph Hergesheimer. London: William Heinemann.

"Father" he said "Rhoda and William allow me—my wife Taou Yuen."

Rhoda Ammidon gave an uncontrollable gasp as the Chinese woman sank in a fluttering prostration of colour at Jeremy's feet. Rhoda who was a most charming woman uttered the only welcome. She was enraged at the silent stupidity of the three men, and flashed a silent command at her husband. Never in her life had Rhoda seen such lovely clothes. A long gown with wide sleeves of blue-black satin embroidered in peach coloured flower petals and innumerable minute sapphire and orange butterflies, a short jacket of sage green caught with looped jade buttons and threaded with silver, and indigo high-soled slippers crusted and tasselled with pearls.

"Taou Yuen" said Gerrit with his challenging bright gaze, "that means a Peach Garden. My wife is a Manchu" he asserted in more biting tones, "a Manchu and the daughter of a nobleman."

It was a difficult situation to be sprung upon a family of well-known shipping renown.

It was certainly a moment in their lives when Gerrit announced his intention of bringing his wife with the rest of the family to church, where arrayed in her most gorgeous clothes she politely chewed betel nut.

Though Gerrit had married his Manchu wife from motives of affection the situation was bound to end in disaster, but Taou Yuen's tragic death solved the problem, before he had fully time to realise the consequences of his rash act.

The attraction of the story lies in picturesque situations, and the strong drawing of the many and varied personalities, rather than in the plot which is not satisfying.

H. H.

AU BORD DE LA MER.

(Tenby, S. Wales).

The sea gleams like a jewelled tray
Where, in their matchless beauty, lie
The sapphire ribbons of the sky
Set cunningly to flout the day.

And now the wise, untrammelled sun
Flings round a silver shaded veil
That masks the colours, thin and frail,
Till sea and heaven seem as one.

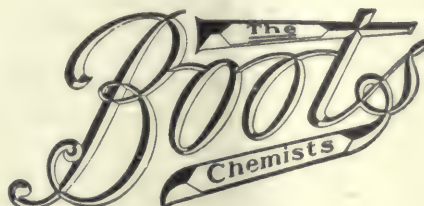
And lazily the long day through,
The pale craft flit before my eyes,
Like silk embroidered butterflies,
Upon a satin screen of blue.

PERCY HASELDEN.

WORD FOR THE WEEK.

Men know not how great a revenue frugality is.
CICERO.

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used. The keynote of this service is reliability.

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LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES MUST BE ALERT AND WATCHFUL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read with particular interest the report of the Petition for a Supplemental Charter made by the British Red Cross Society. I am sending for a copy of the same.

The whole thing appears to be another move to undermine the position of the trained nurse. It is diluting labour with a vengeance. The same thing has been done in all industries during the war and is one of the main causes of the strikes and disputes in the country at the present time.

A small strike is taking place in this district at the present time, brought about by the employers refusing to recognise the Union of the workmen. The different methods resorted to in order to break into the Union are amazing. I am not attempting here to hold a brief for the strikers, but I am hoping that the analogy will enable someone to see that the latest move of the B.R.C.S. is only another plank in their platform, built up in order to control the nurses of this country.

The humanitarian nature of a nurse's work would never allow her to resort to a "strike," but, apart from the various organizations of trained nurses, every individual nurse will have to prove her individuality and use all her influence if we are to checkmate our would-be governors.

In this district—a busy manufacturing district—I am given to understand that the M.P. regularly receives instructions (or requests) from the employers, as to how he shall vote in the House, but I am afraid that he receives few letters from the workers.

Nurses must show that they are alert and watchful both in their own interests and in the interests of the community, of which they are valuable members.

I am, Madam, yours faithfully,
M. DUGDALE.

THE HOUSING PROBLEM MUST BE SOLVED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been engaged for some time at an Infant Welfare Centre, and find the mothers, generally speaking, are anxious for trained advice; but it is noticeable that those who require it most—the poorest and most ignorant—are the least ready to seek it, the most difficult to "get at."

It seems certain that before this class can be properly reached the housing problem must be solved. It is unreasonable to expect a woman to do the household washing and cleaning, shopping and cooking, and at the same time care properly

for a large family. Those above five are at school, but the toddlers are around her with no one to take them out. The whole family may be living in two rooms at the top of a house, and every drop of water must be fetched from downstairs in jugs, and then be boiled over a lamp or perhaps a gas stove.

To my mind crèches and more crèches are an urgent necessity not only to give the mothers some relief, but also for their educative value in good habits for the children.

Think what it would mean if they learnt self-respect and cleanliness!

The more I think of it, the surer I am that education must go hand in hand with housing reform. The first generation of educated children (I don't mean book knowledge), means the last generation of ignorant parents, and should make the slum landlord as he is, an impossibility. What a splendid work for trained nurses—Prevention!

Yours, &c.,

V. M. COBBETT.

KERNELS FROM CORRESPONDENCE.

A Scottish Nurse:—"I did not join the College although pressed by Matron to do so, because the Medical Superintendent of our hospital was practically Matron, and I don't want to be controlled by him now I have left Scotland. I quite realise we shall never be free if we join the College. Why should trained nurses be the only class of workers to be kept down for ever? Most of our characters are completely ruined by hospital suppression, and in such noble work as nursing the sick it ought to be quite the reverse."

Old Guard: "I suppose our Bill is dead now. At least let us be thankful it died an honourable death and did not commit suicide. The 'Anti' Matrons had a grand opportunity to show their contrition for having opposed State Registration of Nurses for so long, and the genuineness of their conversion. What a pity they were not big enough to take it, but allowed the green-eyed monster to bar the way. They will never have such another chance to 'make good.'"

COMING EVENT.

Sept. 4th.—Conference of Women's Organisations to consider the Representation of Women in the League of Nations. Council Chamber, Caxton Hall, Westminster. 10.30 a.m. to 12.30 p.m., and 2 to 4 p.m.

OUR PRIZE COMPETITION.

QUESTIONS.

August 23rd.—How would you prepare, and apply, an extension for a case of compound fracture of the femur? What precautions would you take?

August 30th.—What advice would you give in a case of chronic phthisis which had to be nursed at home?

The Midwife.

THE CONDUCT OF LABOUR AND PUERPERAL SEPSIS.

Dr. J. H. E. Brock; M.D., B.Sc.Lond., D.P.H., F.R.C.S.Eng., late hon. physician to the Westminster General Dispensary, contributes an extremely interesting article to the *Lancet* of August 16th, from which we print extracts below, and advise midwives to read in full the article on this vitally important subject.

From the large majority of general practitioners who accept midwifery as part of their usual work, the dread of puerperal sepsis is never absent. When looking back nearly forty years one contrasts the methods of that day with the present technique the enormous improvement is borne in upon one. To gauge results by hard figures is to admit, however, the comparatively small reduction in the mortality rate from puerperal sepsis. Indeed, the returns for the last seventy years prove that, for some of the earlier years, the death-rate was almost identical with some quite recent ones. Dr. Victor Bonney, in his admirable address on the Continued High Maternal Mortality of Child-bearing, the Reason and the Remedy, deploras that, while in every other domain of surgery death from sepsis has almost been abolished, in midwifery it has hardly diminished.

Some points bearing on the question have not, in my opinion, been sufficiently brought into the light of day, or made to bear the responsibility rightly belonging to them. I believe the reason for the high death-rate from puerperal sepsis resides in these facts; and not until their proper importance in the conduct of labour is accorded to them can we hope to attain asepsis.

I am of opinion that the reason why there is such a large amount of sepsis still rampant in parturition is *that the woman begins her labour with the vaginal canal, and sometimes the uterine canal, surgically unclean.*

THE CONDUCT OF LABOUR.

The problem, therefore, that the medical attendant has to solve is to deliver the child through a septic maternal passage, with a vulva and perineum also heavily infected. A portion of the problem has been already solved and has resulted in wiping off some part of the death-rate from sepsis, but part remains to answer still.

Concerning the surgical preparation of patient and attendant Dr. Bonney has dealt completely. One point as regards the toilet of the patient might be added—that the vulva should be shaved as for any other surgical operation. No doubt it would be a good deal opposed by patients, but I think it very important, in view of the

impossibility of sterilising hair and the great danger of introducing septic organisms into the vagina, should interference be imperative. Should interference not be necessary this could be dispensed with.

What should be our attitude towards the vagina during the conduct of labour? Most certainly by every possible means we should avoid the necessity for internal examinations.

AVOIDANCE OF INTERNAL EXAMINATIONS.

It is well known that women who have delivered themselves before the arrival of the medical attendant, very rarely come to any harm. This was in my mind when making the assertion above that—provided there had been no interference—the perineum and vulva play but a small part in the causation of sepsis. The rule in the conduct of labour ought to be to avoid interfering with the genital passage wherever possible. It matters not whether the perineum and vulva be made as far as possible aseptic, and the medical attendant's technique be also rigorously aseptic, if he is going to conduct the labour by frequent examinations carried up as far as the cervix, through a vagina which, in the majority of cases, is contaminated with a variety of organisms. The perfectly aseptic gloved finger, if the vagina is septic, is capable of carrying up organisms from its walls, and smearing them on the inside of the cervix, and thus bringing them within reach of the most dangerous zone of the operation area—the placental site. If my contention is correct, that conjunctival infection of the child is proof of sepsis of the maternal passage, then it becomes evident that to introduce even an aseptic finger into the vagina and carry it up to the inside of the cervix is fraught with considerable risk, and should only be done if unavoidable.

As far back as 1885, when I was a resident student at the Rotunda Hospital, Dublin, no patient was allowed to be examined more than once during the course of labour; and then only after thorough preparation of hands and forearms with soap and water, and nailbrush, followed by soaking the hands in perchloride of mercury solution for three minutes. I have no doubt our patients on the midwifery list, when we were students, escaped septicaemia because they usually summoned us late in the course of labour when the head or presenting part was in the middle or lower part of the cavity of the pelvis and fairly through the os; when danger of inoculating the cervix by examination was over; or, frequently, the child was born before our arrival. It was also the time of douches; and usually the vagina was washed out after labour.

NATURE'S METHOD OF STERILISING THE VAGINA.

I have tried to show the undesirability of vaginal examinations during labour, on account of the

undeniable fact of sepsis in the maternal passage: as evidenced by conjunctival infection in the newly-born child. It can be shown also that, in making such examinations, we are reversing and largely annulling the methods that nature brings into play to sterilise the vagina and wash out intruding organisms.

One of the earliest changes in the uterus, on conception, is œdema of the cervix, which steadily progresses throughout gestation. Whatever its cause, my opinion is that it subserves a purpose over and above that of increasing the dilatability of the cervix. With the progress of the presenting part, the cervix becomes gradually dilated, and subjected to an increasing pressure. As a result vessels are ruptured, and tears, small or large, occur. The torn vessels are sealed, and from them exudes a copious flow of serum mixed with extravasated blood. The purpose of this serous exudation is, doubtless, physiological, and it is in all probability bactericidal, resembling the flow of lymph after wounds in other parts. Its rôle is probably partly to cleanse the vagina and partly bactericidal to retained organisms.

While all this is a physiological process, and wholly beneficial to the patient, it becomes far otherwise if vaginal examinations are made the rule in labour. Instead of a protection, it may be a menace to life. Granting that the vagina must, in most cases, be a canal harbouring noxious organisms at the time of labour, the danger of introducing a finger, and carrying it up to a wounded cervix is apparent. If the finger is also introduced inside the cervix and swept round between the bag of membranes and the uterine wall, we may be simply implanting colonies of organisms on the uterine wall, and with nothing between them and the uterine sinuses. Now, the organisms which we have shown reason to believe most likely to gain entrance to the vaginal canal are gonococci, streptococci, staphylococci, and *Bacillus coli*. Of these four the one with the power of causing a specific effect is the gonococcus; but it shares with the others the ability of producing non-specific inflammations in other parts of the body. All of them may enter the blood stream and, by causing bacteriæmia, set up inflammatory foci in various tissues. How careful, then, ought we to be to avoid bringing them into contact with wounded surfaces. Of all possible channels for the entry of organisms, vascular lymphatics are easily the first.

SOME GUIDING RULES.

If the facts that I have endeavoured to make plain are true, what should be our method in the conduct of a case of pregnancy and labour? In my opinion it should be as follows:—

1. The patient should have a general physical examination, and the state of her health should be accurately gauged.
2. At the time of examination the urine should be examined, and the examination should be repeated at intervals of two months.

3. The external diameters and circumference of the pelvis should be taken; also indications of marked lateral curvature, old angular curvature, and past rickets should be looked for.

4. A careful abdominal examination should be made between the seventh and eighth months, or later, if the pelvic measurements are normal, to ascertain the position of uterus and contained foetus. By training, this method yields accurate results, and the presentation can be determined with practical certainty. The position of the foetal heart sounds in this connexion is of great importance, and should be always noted.

5. If the patient is a multipara the history of previous confinements should be obtained.

Armed with this knowledge, it will be possible to conduct the vast majority of labour cases without vaginal examination.

Up to the present, it has been too much the fashion to recognise only external sources of infection, and the methods by which they may gain entrance to the maternal passages during labour. The equally important fact that vaginal sepsis is already present when labour starts, as proved by conjunctival infection in the newly-born child, has been waived as absurd, and this important clinical fact not rated at its proper significance and gravity. A few will grudgingly admit that on rare occasions autoinfection may occur. Not on rare occasions, I submit, but on every occasion, should the possibility be held in mind, and a septic canal be as seldom interfered with as the safety of the patient will allow.

PREMATURE BIRTHS.

Speaking at the National Conference on Infant Welfare on the causes of Ante-Natal, Natal, and Neo-Natal Mortality, Dr. Armand Routh said that premature births are so-called if they occur before the thirty-eighth week of gestation.

The proportion of premature births to the total births in lying-in hospitals varied in 1914 from 12.9 per cent. (Queen Charlotte's Hospital, London) to 20.4 per cent. (St. Mary's Hospital, Manchester), and of these 30.4 per cent. and 74 per cent. respectively died before their mothers left the hospitals, and it is calculated that over 50 per cent. of such premature children die during the first twenty-four hours of life. Some of these premature deaths would therefore occur in the "natal," some in the neo-natal period.

The causation of prematurity has not been satisfactorily worked out, but is often due to ante-partum hæmorrhage, toxæmia or undue physical effort or mental strain in the mother, or to mal-nutrition or morbidity in the child, which conditions should be therefore viewed as the primary causes of the foetal death rather than the resulting prematurity at birth.

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Vol. LXII

EDITORIAL.

TRAINED NURSES AND THE LEAGUE OF NATIONS.

When the Deputation from the International Council of Women, and the Conference of Women Suffragists of the Allied Countries and the United States were received by the League of Nations Commission on April 10 of this year, they took with them five points to lay before the Commission, namely :—

1.—That women shall be equally eligible with men to sit on all bodies and to fill all offices set up under the League.

2.—That States entering the League undertake to suppress all traffic in women and children and the licensing of houses of ill-fame.

3.—That the principle of Woman Suffrage be recognised by the League of Nations as one which should be applied throughout the world as soon as civilisation and democratic development of each country may so permit.

4.—That the Nations entering the League endeavour to make the aims and methods of their educational systems consistent with the general principles of the League of Nations, and to this end agree to establish a permanent Bureau of Education.

5.—That provision be made in the Covenant of the League of Nations for an International Bureau of Hygiene.

The first of these five points has been conceded.

The importance of the deputation cannot be over-estimated, both on account of its representative character, and also of the standing and intellectual attainments of the delegates. Twenty millions of women were represented by delegation, and among them a large number of trained Nurses, through the affiliation of

the National Council of Trained Nurses of Great Britain and Ireland, the Matrons' Council, the National Union of Trained Nurses, and other organisations of trained Nurses, with the National Council of Women—this latter Council being a constituent Society of the *International Council of Women*. All these five points concern the work and interest of Nurses either directly or indirectly, especially two and five.

The first point is of fundamental importance, since it provides that Nurses, in common with other women, shall be eligible to "sit on all bodies and fill all offices (equally with men) to be set up under the League." This secures at once the principle of equality of justice, for which we have been striving for so many years. In this connection it is interesting to note that President Wilson, who presided, congratulated the members of the Conference on behalf of his colleagues and himself, and declared that he was in entire agreement with them in principle on all the questions raised. That is all to the good, but words alone will not suffice, we must see that they are translated into action. Reconstruction pre-supposes co-operation, for there can be no effective reconstruction apart from the co-operation of women, and trained Nurses—well educated, intelligent, and clear-sighted—must be effectively included. The idea of an International Bureau of Hygiene we warmly welcome, for such a vigorous policy would automatically tend to set a much higher standard of health and purity in all Countries of the League.

If Nurses will but take advantage of the prospects opening out to them, their sphere in the near future will be almost limitless. Let us not however lose sight of the obvious fact that higher standards—educational and spiritual—are being set, and the thing of primary

concern to us as British Nurses is that every Nurse, having rightful ambition and *esprit de corps*, should take her share in obtaining for herself and her colleagues the right to put the coveted *R.N.* after her name, which our American sisters have long been able to do. This will be the Open Sesame to many interesting posts, and corresponding opportunities of professional usefulness and self support. Nurses are not always going to be badly paid.

We are glad that, as we announced last week, an influential Conference of Women's Organisations has been summoned to consider the representation of women in the League of Nations, to be held at the Caxton Hall, Westminster, on September 4th.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE AND APPLY AN EXTENSION FOR A CASE OF COMPOUND FRACTURE OF THE FEMUR? WHAT PRECAUTIONS WOULD YOU TAKE?

We have pleasure in awarding the prize this week to Miss Adeline Douglas, University College Hospital, Gower Street, W.C.1.

PRIZE PAPER.

A compound fracture is one in which there is a flesh wound communicating with the fracture. Careless handling may render a simple fracture compound, or the cause of wound and fracture may be the same, for example, a bullet.

When a fracture has been set extension is applied to maintain the fragments in position, and to prevent shortening of the limb, which would result from the contraction of the muscles. If the nurse explains this to the patient, he will probably bear the pain more cheerfully—the idea of disfigurement always preys on the mind.

Extensions may be applied by using a Liston's long splint. The wound must be dressed and the splint placed in position. It should reach from the axilla to four inches beyond the heel. It must be well padded to fit the limb and body. The foot is then bandaged to the splint, passing the bandage round the notched ends of the splint. The perineal band is then passed round the groin and through the holes in the top of the splint, the splint pushed down and the band firmly tied. The limb is then bandaged to the splint, and kept straight by sandbags. A cradle must be placed over the splint.

A more satisfactory method of extension was

introduced by an American surgeon, Gordon Buck, in 1850. Buck's extension may be used in connection with a Liston's long splint, a Thomas', or a Hodgen's splint. Plaster is applied to the limb, and connected to a weight hung over a pulley, counter extension being obtained by raising the foot of the bed on blocks. The blocks are not necessary if a Hodgen's splint is used, as the whole limb is slung to a gallows erected at the foot of the bed. The strapping is also only applied to the thigh. If the upper third of the femur is fractured the limb is abducted.

In order to apply Buck's extension, thoroughly, cleanse and shave limb. Apply a strip of adhesive plaster from above the knee, below the fracture, on each side of the leg, notching it at intervals that it may lie smoothly. At the ankle it should be cut a quarter of its width on each side, and folded in so that the smooth side is next the limb. The foot and ankle may be bandaged with a strip of boracic lint to absorb moisture and to keep the toes warm. The ends of strapping are attached to the "spreader," through which the blind-cord has been passed and knotted. This piece of wood keeps the plaster from rubbing the ankles. Strips of plaster must be fastened round the limb to prevent any slipping, and then left to dry for six hours. The blind-cord is then passed over the pulley, which is clamped to the bedstead, and the weight attached. An adult may start with twelve pounds of weight, increasing to sixteen pounds.

If the wound prevents the application of plaster, a Wall-Maybury splint may be used. The foot is bandaged to the foot-piece, which is capable of being screwed up or down. Another method is to fix a metal stirrup into the ankle and attach a weight. This must be done under an anæsthetic by the surgeon. If the patient be in a septic condition the new wound may suppurate.

Any extension framework or splint reaching beyond the bed should be painted white, or a piece of bandage attached at night to prevent it being knocked, as serious damage may result from this.

Bedsore must be watched for. The patient should be provided with an air-ring, and his back, heels, and elbows rubbed with methylated spirit.

Hæmorrhage may always occur with a suppurating wound, and will be indicated by restlessness and quickening pulse. A rise in temperature may mean osteomyelitis. As the patient is lying flat, pneumonia and bronchitis must be watched for. Erysipelas is another complication. ●

If Carrel's tubes are inserted in the wound, the clothes at the end of the bed must be left loose to allow evaporation. The limb must be kept warm with hot bottles, and a "cosy" of gamgee tissue put over the toes.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss W. Appleton, Miss E. S. Lewis, Mrs. Farthing, Miss H. T. Inglis, Miss P. Thomson, Miss M. James.

QUESTION FOR NEXT WEEK.

What advice would you give in a case of chronic phthisis which had to be nursed at home?

SMALL-POX ON THE CONTINENT.

The *Lancet* gives a grave warning concerning the recent increased incidence of small-pox on the continent of Europe, which it says is likely to give rise to some uneasiness among those who are acquainted with the comparatively unprotected state of a large section of our population against the onset of this dangerous and infectious disease. It continues: "The present circumstances, as we have on several occasions pointed out, are entirely favourable to the spread of small-pox to our shores. Hundreds of thousands of soldiers are returning from the various war zones, in some of which small-pox has lately been occurring, and the pent-up trade and shipping, so long restrained by the war, are now being let loose and bringing many passenger ships and cargo boats to British ports from the Mediterranean littoral, the Baltic, and the Black Sea, in all of which regions small-pox was recently, or still is, occurring in epidemic form. A brief outline of the incidence of small-pox on the continent during the first half of the present year, so far, at least, as information is available (which it there gives), may help the reader to gauge the extent of the danger already threatening this country—a danger which in the late autumn may, in our opinion, become still more acute and menacing."

"Owing to the Bolshevik régime in Russia little information is allowed to pass over the frontier as to the incidence of infectious diseases. It is, however, a well-known fact that for many years small-pox has been more prevalent in Russia than in any other European country. With the suppression of sanitary administration and the disregard of scientific advice by those now exercising power in various parts of Russia, small-pox has become more prevalent at the present than in the past."

NURSING AND THE WAR.

Miss Sara E. Parsons, R.N., Chief Nurse Base Hospital No. 6, A.E.F., in a paper presented to the Convention of the National League of Nursing Education at Chicago, in June last, giving her conclusions based on experience, wrote in part:—

"As to the education of the nurse who is going to serve the army in time of war—the nurse needs as complete an education as she can possibly have. I cannot imagine any condition when more can possibly be demanded of the nurse than is demanded in these hospitals. We had all kinds of contagion in our hospital, I think, except whooping cough, and perhaps with all the coughing that was going on we may have overlooked the whooping variety. We had everything else I can think of, even a maternity case. One morning, about four o'clock, a very unexpected case was brought to us—our consul's wife. When the night nurse came in and informed me just what had happened, I was glad that the nurses were not just surgically trained nurses; they were able to care for even a maternity case.

I will say that if there is anything I did that was of any value I think it was trying to direct the social life of the nurses. That, I do think, needs someone old enough and unafraid enough to fight the battles of social life valiantly. With the number of officers coming and going, and who were inclined to treat the base hospital as a kind of Coney Island dance hall, or something of that sort, it needed somebody to help the nurses keep things sufficiently conventional so that we could maintain our self-respect and have a good time in a family sort of way, rather than in an indiscriminate fashion.

I am going to be very frank in saying what I think, as long as I have been asked to. It may relieve my mind, so that I will be a better Christian when I get through. . . . The organisation seemed, to anybody who had worked in a civil hospital for twenty-five years with more or less freedom, never any too much, regular serfdom.

My conclusions are that under the military organisation the work was hindered by the divided authority. Even that order that was gotten out, giving the nurse responsibility in the wards, did not help as far as her authority over the orderlies went. It was not worth the paper it was written on.

Recommendations: Nurses should have rank and its insignia as a professional body of women who must assume very grave responsibilities. The Director of Nurses should have authority regarding placement of nurses and matters pertaining to their health and morale—also means for direct communication with her sub chiefs. There should be distinction in uniform according to rank, and an appropriate dress uniform. There should be an emergency appropriation for use in the medical department. There should be conservation of health by suitable changes and vacations. Orderlies should come under the direct authority of the chief nurses, so long as they are assigned the care of patients."

THE MAPLE LEAF'S RED CROSS.

The war story of the Canadian Red Cross Overseas has been charmingly told by Miss Mary Macleod Moore in "The Maple Leaf's Red Cross," just published on behalf of the Canadian War Memorials Fund for the Canadian War Records, by Messrs. Skeffington & Son, Ltd., 34, Southampton Street, Strand, W.C. 2, to whom we are indebted for our illustrations.

"The story," as Miss McLeod Moore tells us, "begins with the outbreak of war. It ends—but where and how can it end? Not with the Red Cross stores arriving in Germany to be ready for the demands of the field ambulances and casualty clearing stations, nor with the feeding and clothing

Pacific, and away up to the far north where the Yukon territory touches the Arctic regions, people worked and saved for the Red Cross. They were of all ages and all creeds. Many were very wealthy. Many were poor. It made no difference. All alike were rich in a zeal for helpfulness."

Money for the Red Cross Campaign Fund came in from Indians and Esquimaux, as well as from white people. "The oldest adherent of the Canadian Red Cross was an Indian who was 107 years old when the war broke out. As soon as he received his treaty money from the Government he paid a fee for membership in the Canadian Red Cross."

Not only did the Canadian Red Cross supply the needs of its own people overseas. It "realized



Canadian Official Photograph

CANADIAN RED CROSS CAR IN PRINCESS CHRISTIAN AMBULANCE TRAIN.

of the refugees. The influence of devoted, unselfish labour extends over an incalculable future and none can prophesy its end."

"What would you say was the work of the Red Cross?' I once asked Colonel Blaylock," says the author, "after hearing of some special effort."

"Help," he replied, modestly.

"Anything from a big, splendidly equipped hospital to a package of maple sugar and a good tooth-brush came under the heading of 'Help'—and the most carping could not deny that it was."

The generosity which provided this help "was not confined to any section of the public, nor to any particular part of the country, it was universal. From the edge of the Atlantic to the shores of the

without argument that I am my brother's keeper, and promptly sent the Allies cases and cases of clothing and food, worth their weight in gold to the gallant little nations in distress." Again, "80,000 cases of supplies were distributed among French hospitals, and a splendidly equipped modern hospital was handed to France as a gift from Canada, with a lack of red tape which would make a Government official feel faint."

"You went to the warehouses which multiplied as time went on, and walked through crowded avenues, bordered by cases from Canada, which were to carry relief to overstrained medical officers and matrons and sisters during a great rush, and a sense of home, and its care, was conveyed to a

man, who, flushed with fever, smiled at the label 'Made in Canada' on some gift."

A Sister who had been admiring the kit bags and other gifts, said half enviously:

"I wish all the men got as much, your Red Cross gives things worth while. But then you have the dollars!"

"Like a flash the nearest Canadian replied 'It's not the dollars Sister, It's sense and cents!'"

And so it was, the enormous totals of Red Cross Funds were the offerings of the whole community. "They were the generous gifts of the children who saved their candy money, and

"The Fleet can testify to the virtues of the Canadian apple. . . . There were never more grateful recipients of apples than the sailors, for not only did every ship write its thanks, but almost every individual aboard signed the letter."

PRISONERS OF WAR.

"Fifteen hundred Canadians were taken prisoners of war at the Second Battle of Ypres. Not a single man was captured who was not either wounded or gassed.

"The story of the Canadian Red Cross Prisoners of War Department begins with this inspiring fact. Its history of four years' work—for its



MONUMENT TO ALLIED PRISONERS OF WAR WHO DIED AT GUSSIN CAMP, GERMANY. THE WORK WAS CARRIED OUT AND THE COST DEFRAYED BY PRISONERS OF WAR.

of the men and women who put by a small sum monthly. . . Two gifts from Canada in especial stand out in the minds of those who worked for the soldiers in hospital. They were apples and Christmas stockings.

"The apples which came over from Canada and were distributed to Canadian soldiers in hospital, as well as to other soldiers, and to other units besides the Canadians, were a source of joy to the men. Wounded Nova Scotia and Ontario might argue bitterly as to the merits of the apples from their respective provinces, but they showed a united front to the Australian or the Englishman who dared to doubt that Canadian apples were the best in the world.

duties did not end when the Armistice was signed—is worthy of the heroism of the men for whom the Department worked so magnificently and so efficiently."

What many British soldiers suffered under the brutal tyranny of the Germans can never be told. "What is known however must thrill everyone with pride in such a race, for it is the story of a spirit unbroken by cruelty, hardship, and loneliness."

Said a Canadian corporal: "I was a prisoner for three years, and I saw a great deal in that time. I never saw a British soldier, no matter where he was from, who had his spirit crushed by his imprisonment. The Germans could not

understand us. It was beyond them that a man could be ill-treated, half-starved, and constantly told that his side was losing, and yet keep a good heart and laugh in their faces."

"I never" says Miss Macleod Moore, "hear certain sentiments usually prefaced by the words 'After all, the war is over, and we won, so why . . . ' without thinking of things told to me by repatriated men. "I never hear of a 'converted' Germany without recalling the indignant face of a Sister who told of a badly-wounded man, just back from Germany, who woke in the night crying 'Don't! don't' with his arm across his face. And the story of another Canadian who, wasted and worn with pain and privations, asked a German orderly for a drink of water. The man brought it and bent as if to hold it to the lips of the helpless Canadian. Then, laughing, he sipped from the glass himself, and spat the water into the face of the wounded man.

"I never hear anyone speak of the decent German people, led astray by rulers, without remembering the man from Toronto, a bad amputation case, who said he shivered when his nurse drew near, for she used to pinch him when she dressed the wound, and twist the bandages."

"One visitor cheered up her repatriated friends greatly, though quite innocent of any intent to be humorous.

"Two men from the same hospital were showing souvenirs, among them a photograph of a group of patients and nurses in a German hospital.

"This is very interesting," she remarked, 'as one can pick out so easily the British prisoners from the German patients. Now, this one, who looks like an escaped convict, could only be a Hun.'

"That's me in want of a shave," remarked her Canadian host, to the riotous joy of the rest of the party."

Many more things are worthy of quotation did space permit, but we can only refer to a charming word picture of the help given by the Canadian Red Cross to the people of the devastated districts. "Already, after all the misery and the privation and the pain, hope and even happiness were putting out timid little new shoots. The very fact that the women were to receive free gifts for themselves and their children made the hard world they had grown accustomed to a little less sad and cruel."

"Canada will not be forgotten in France and Belgium. In those grey towns, through which the Red Cross lorries pounded in their haste to bring succour, the name will become a household word. In all the battered villages upon which war had fixed a cruel grip, children will grow up in new cottages, built on the wreck of the old, who have heard among the tales of the Great War of the Canadians who rescued and fed and clothed them."

The book is a splendid record of work well done, and the story is well told.

NURSING ECHOES.

There was an historic episode on the 17th inst. when, in connection with the Army Council's tour of inspection of the British Army of the Rhine, there was a parade at Cologne of the women workers in the Rhine Army. The Military Nursing Services were represented by a detachment of Matrons and Nurses under Miss Reid, Principal Matron. The Secretary of State for War, who addressed those present, referred to the parade as an unique event in the annals of the British Army, and congratulated all the women workers.

The nine thousand nurses who passed through Queen Mary's Hostel for War Nurses, first in Tavistock Place and then in Bedford Place, are indebted to its Lady Superintendent, Mrs. Kerr-Lawson, not only for dispensing its hospitality so charmingly, but for much which can never be expressed in pen and ink. They will learn with pleasure that she last week received a letter from General Gerrard, Director-General of the Medical Services with the British troops in France and Flanders, in which, on behalf of the Matron-in-Chief, and the Nurses in France, he thanked Mrs. Kerr-Lawson in their name and his own for her work at the Hostel, which had been brought to his notice, and of which so many nurses had spoken so appreciatively.

Do not let us forget either that the thanks of nurses are due to Major Kerr-Lawson, whose unselfish patriotism made it possible for Mrs. Kerr-Lawson to undertake the post for which she was so well qualified and which she filled with such conspicuous success.

Under the heading of "Queries for Nurses," *John Bull* last week published the following comment:—"It is no doubt desirable that young ladies training for the nursing profession should have a fair measure of general knowledge, but we hardly know why they should be expected to know the whereabouts of the Acropolis, the Rubicon, or the Taj Mahal, to explain the meaning of "Disestablishment" and "Disendowment," or to "give a short account of any well-known religious controversy." These were among the questions actually set at a recent examination for Nursing Studentships at King's College for Women. Personally, we can imagine ourselves quite happy in the hands of a nurse who had the haziest notions of Transubstantiation, let us say, or—to note a further query on the

paper—of the political records of Messrs. Clemenceau, Carson and Clynes.

"The Incurable Patient" (by Himself), is the subject of an article in the *British Medical Journal*, which nurses will do well to study, for the problems which confront the doctor in relation to his patients, also, in varying degree, confront nurses also. "Himself" writes:—"How shall a doctor behave towards an incurable patient? Here I do not refer to the exhibition of palliative drugs, such as opium in cancer. What principles shall guide him in advising a marked man how to spend the limited remainder of his life?"

After dealing with prognosis and treatment, the writer continues:—

"Then there is the matter of will making. It is not our business to pry into the legal affairs of our patients, but we are sometimes asked, 'Do you think there is any danger?' For if so I should like to see my lawyer at once.' If the man is not too ill to see his lawyer there is no doubt what answer should be given; he should be advised in the affirmative, and it should be explained that this is no gauge of his condition. If we allow him to delay we may be asked the same question by another who has no time to put off, and the comparison of our answers, which takes place oftener than we know, is not cheering to the second man. If, on the other hand, the man is too ill to see his lawyer, then we cannot help it."

(A nurse will not, of course, express any opinion as to whether the patient is in danger or not, it is a question to be referred to the doctor, but she can say, "Why wait to be seriously ill before you make your will? It is much better to do so when you can bring a clear mind to bear upon it." It is so much the better if she is able to add, "I have made my own.")

The writer goes on:—"In religion we must guard against indifference to the patient's faith. However broad we ourselves may be, it may cause life-long anxiety to a survivor to think that a friend has died without being duly prepared. It is unkind carelessly to allow that pain. We need not intrude our advice unasked, but when asked whether it is time to call in a priest or other spiritual adviser, if our answer err at all, it ought to err on the side of gravity. Shakespeare has poured bitter satire on the false optimist in his description of Falstaff's death (*King Henry V*, ii, 3)."

He concludes with the following brave words:—

"The writer bears the burden of doctor and incurable patient both. He has found it cheering to look at the black side of things. Things turn out mostly lightish grey, and sometimes white. He has seen his lawyer, made his will, and, on the assumption that he may die to-morrow, has kept his financial accounts well up to date. He does not shrink from looking forward, he can see no form through the mist, but he thinks there is a light; he thinks his hand is held. There are other doctor-patients like him, some of whom the Father honours as stronger children, not needing the hand-touch and the light. To all such he would shout 'Cheerio!'"

HOSPITAL ECONOMY.

An article recently appeared in the *Journal* of the Department of Public Health, Hospitals and Charitable Aid, New Zealand, under the heading "Need for Economy in Public Hospitals," which now publishes the following digest of a poster which has been received from the secretary and superintendent of the Austin Hospital for Incurables, Heidelberg, Victoria, Australia. This has been printed and hung in wards, offices, kitchens, etc., in the hospital. It is self-explanatory, and the suggestion contained therein is worthy of adoption:—

AUSTIN HOSPITAL.

TO THE WARD SISTERS, THE NURSES, AND OTHERS (PATIENTS INCLUDED).¹

Your Committee of Management cordially invites your loyal assistance in reducing as far as possible the expense of maintaining the Hospital.

Waste of material under any circumstances is altogether inexcusable, but at such a time as the present, when the cost of all hospital requirements, notably that of food, medicine, surgical dressings, and bedding, is so heavy, the observation of all possible economy is an imperative duty.

It is necessary in every case before the destruction of any article, or the abandonment of its use, that attention be directed to its possible renovation or repair; and in handling any of the furniture or utensils—particularly those of a fragile nature—due concern should be taken to safeguard them against possible damage or injury.

The Committee asks, in short, that you exercise the same extent of care in dealing with the property of the Hospital as you would over your own possessions.

W. J. G. TURNER,
Secretary and Superintendent

APPOINTMENTS.

MATRON.

Harold Court Sanatorium, Harold Wood.—Miss H. E. Carstairs has been appointed Matron. She was trained at the Middlesex Hospital and at Carson's College, and has been Sister at Lord Mayor Treloar's Hospital, Alton, and at the Yeovil General Hospital, Secretary and Dispenser at the Kendray Hospital, Barnsley, Sister at the St. John's Ambulance Association Hospital, Etaples, and Matron at the Borough Hospital, Kingsthorpe.

Merthyr General Hospital, Merthyr Tydvil.—Miss Agnes Francis has been appointed Matron. She was trained at the Swansea General and Eye Hospital, Swansea, and in midwifery at Queen Charlotte's Hospital, London, after which she did private nursing in connection with the Registered Nurses Society, 431, Oxford Street, London, for 4½ years. She was then appointed Sister of female surgical and gynaecological wards at her training school, a position she has held up to the present time. She is a certified midwife.

ASSISTANT COUNTY SUPERINTENDENT.

Surrey County Nursing Association, Guildford.—Miss Margaret M. Cornock has been appointed Assistant County Superintendent. She was trained at the Royal Infirmary at Gloucester, and Gloucestershire Eye Institution, and holds certificates of the Central Midwives Board and the Incorporated Society of Trained Masseuses. She has worked for three years in connection with the Plaistow Maternity Charity and four years at the Scuola Convitto Regina Elena in Rome as Staff Nurse, Sister and Assistant Matron, and has subsequently held the post of Acting Matron at the General Hospital, Stratford-on-Avon, and Senior Sister at the Royal Mineral Water Hospital at Bath, and recently on the Orthopaedic Staff of the British Red Cross Hospital at Netley.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed Nursing Sisters in Queen Alexandra's Military Nursing Service for India: Miss Valerie Rowe, Miss B. F. G. Salmon, Miss E. M. Corry, Miss H. H. Anderson.

BEQUESTS TO MEMBERS OF THE NURSING PROFESSION.

Mrs. Mary Lyman Burns, a sister of Mr. Pierpont Morgan, who died on July 20th, bequeathed £100 to the Matron of Guy's Hospital, and an annuity of £100 to Nurse Moore.

HARD LABOUR FOR UNLAWFUL WEARING OF Q.M.A.A.C. UNIFORM.

Barbara Peart, aged twenty, who had been previously convicted as a prostitute, was sentenced last week at Tower Bridge Police Court to six weeks' imprisonment with hard labour for unlawfully wearing the uniform of Q.M.A.A.C. in Waterloo Road.

Had it been the uniform of the trained nurse this woman could have worn it with impunity.

THE PASSING BELL.

We greatly regret to record the death by drowning of Miss Olive Jordan, a nurse of East Finchley. Miss Jordan was carried away by the tide while bathing at Porthcawl.

NATIONAL HEALTH INSURANCE.

The subjoined circular has been issued on behalf of the Ministry of Health for England and Wales, the Scottish Board of Health, and the Irish Insurance Commissioners. It is important that nurses should understand the alteration it announces and their present position in regard to Health Insurance.

INCREASE OF REMUNERATION LIMIT FOR NON-MANUAL EMPLOYMENTS.

1. The attention of Approved Societies is drawn to the provisions, in so far as these affect the work of societies, of the National Health Insurance Act, 1919, which has now received the Royal Assent.

2. The effect of this measure is to raise the limit of the rate of remuneration for the purpose of compulsory insurance in the case of employment otherwise than by way of manual labour from £160 to £250 a year, so that in future all persons so employed who are remunerated at a rate not exceeding £250 a year must be insured unless they come under the "exceptions" specified in the Acts, or claim exemption as set forth in paragraph 6 below, or, where qualified, in accordance with Section 2 of the Act of 1911.

3. Although the Act received the Royal Assent on August 15th, 1919, it should be observed that under Section 2 (2) it is provided that it shall be deemed to have come into operation on June 30th, 1919. No liability is, however, imposed on any person in respect of the payment of contributions for the period between that date and the date of the passing of the Act.

4. It results from this provision that no contributions in respect of the period between June 30th and August 15th, 1919, will properly be recoverable in the case of certain persons who are nevertheless to be deemed to have been in insurance during the period. In consequence, those insured persons whose free period of insurance had not expired on or before June 30th, 1919 (*i.e.*, in general those for whom contributions were paid up to June 30th, 1918, or later) will have their insurance treated as continuous if they are again immediately brought into compulsory insurance through this raising of the remuneration limit, although the period in respect of which no contributions have been paid may slightly exceed a year. These members will have the usual right to pay the appropriate arrears penalty in respect of any period for which ordinary contributions were not paid. Arrears' notices for the contribution year ending June 29th, 1919, should accordingly be issued to all members of societies who had ceased insurable employment owing to their rate of remuneration exceeding £160 per annum, and whose "free year" had not expired before June 30th, 1919, and where necessary such members should be informed by the issue of a printed slip or otherwise that if they are brought back into insurance by the provisions of the National Health Insurance Act, 1919, their

insurance will be made continuous, and arrears will be due in respect of the period when no contributions were paid.

5. Where insurance is made continuous under these circumstances, membership should be re-established under the old membership number, and any claim for benefit arising after June 30th, 1919, should be dealt with in the usual way, having regard to the member's position in insurance. If the "free year's insurance" had expired before June 30th, 1919, the provisions contained in the provision to Section 14 (5) of the National Health Insurance Act, 1918, would be applicable, and where an insured person is, under these provisions or otherwise, re-admitted to membership, he should be regarded as a new member and a new membership number allotted.

6. The Act contains provisions whereby persons who are engaged in non-manual employment at a rate of remuneration exceeding £160 a year but not exceeding £250 a year may, not later than December 31st, 1919, claim certificates of exemption provided that they have not since June 29th, 1919, had any insurable employment which was either (A) remunerated at a rate not exceeding £160 a year, or (B) employment by way of manual labour. Where an insured person who has been a voluntary contributor is brought into compulsory insurance by the new Act, he will cease to be a voluntary contributor and will become an employed contributor, and as such entitled to medical benefit on the ordinary conditions, provided that he does not exercise his right to claim exemption.

REGISTRATION UP-TO-DATE IN THE UNITED STATES.

Frankly we are sorry to see Illinois and New York State drafting registration Bills which sacrifice the nursing standards set up in the past. The Bill in the former State provides for a "junior nurse" with eighteen months' training, and the New York Bill inserts a nine months' training to qualify for "attendant." No one is satisfied—employers, doctors or nurses, and the *American Journal of Nursing* remarks editorially:—

We are convinced that if the matter of providing nurses for all the people could be placed absolutely in the hands of nurses themselves, satisfactory plans would quickly be evolved, but when legislation is being arranged, there has to be considered the commercial opposition of certain hospitals, some large, others small, some under Church management, others under the State. There has also to be considered the lack of co-operation from different groups of religious sisterhoods, the opposition of correspondence and other so-called short-course nursing schools, the indifference of some of our own members, and the determination of some medical bodies actively to dominate nursing affairs.

Strange as it may seem, no two of these groups approve or disapprove of the same things. The result is that such legislation as can be obtained is unsatisfactory to everyone. Of the forty-six laws for State registration in this country, there is not one that is wholly satisfactory to the nurses who have promoted

it, because of the concessions forced upon them by the opposing forces.

In all our experience with State registration, we have never found opposition, which, when analysed, was really promoting the public well-being. It was all more or less self-interested, intended either to benefit the individual himself, his particular hospital or training school, or something in which he was personally interested, aside from the best good for the greatest number.

SOCIAL SERVICE.

THE FULHAM BABIES' HOSPITAL.

The lot of a sick baby in a London slum is not an enviable one, and hitherto the machinery for alleviating its condition has been very meagre. But the infant, both whole and sick, is coming by degrees into its heritage.

It is to attempt to deal with those under the latter category that the Babies' Hospital, situated in Broomhead Road, Fulham, has been opened within the last few weeks. It has been described as a municipal hospital; this however is not the case. The income is derived partly from the Borough Council, partly from what was the Local Government Board (now the Ministry of Health), and the rest is raised from private effort. The house which is now converted to its present use was the gift of a generous donor, and its exterior, with the name of the Hospital in the stonework, is quite imposing. It has accommodation for twenty-four infants. The principal ward was originally the billiard room, and over this has been added a storey which provides for the needs of the staff. The wards are quite charming, both from the aesthetic and practical points of view. Light and air and cheerfulness abound. The walls are tiled in white, with a green dado, to within about four feet of the ceiling. This is met by a frieze of warm cream enamel, and the effect is very satisfactory and pleasant.

The cots are black (another gift), but the bassinets which stand in the centre of the wards are exceedingly dainty though quite inexpensive. The draperies consist of fine butter muslin made very full and lined with white. The little coverlets are of the same material, and the whole finished off with a generous bow of ribbon at the junction of the curtains. The window blinds are of white coarse mesh net. The charming little lockers are of white enamel and are furnished with glass tops. The head boards, also of white enamel, hang on the end of the cot. The bamboo screens draped with light blue check gingham are very attractive and uncommon. In one corner of the ward an enamel bath of a suitable pattern for infants is fixed. This of course lessens the risk occurring when sick children are bathed out of the ward. The basins in the ward, provided with hot and cold water, must be a great convenience to the nurses, and this arrangement saves time and will remove the problem of leaving the ward unattended when hands have to be washed. Last but not least are the babies.

At present only those suffering from summer diarrhoea are admitted, and these cases vary of course from extreme severity to a mild variety. Later on all classes of medical cases will be admitted. On our recent visit the tiny sufferers looked extremely well done by, and appeared as if they really appreciated the environment which has been prepared with so much kind thought and labour.

They were clothed in three simple knitted garments, and looked thoroughly comfortable in that respect—a white knitted vest, jacket, and overalls. On the verandah in cots were twin brothers, aged thirteen months, old *habitués*, who came with the personnel from the mother institution in the Fulham Road. They were being fed by turns with sago pudding, which they appeared not to dislike.

The principal ward has French windows into the garden, which is at present in an unfinished condition. A blue and white Della Robbia plaque of the Mother and Child points the true value of this blessed work. A small mortuary is nearing completion, but it is to be hoped that the pathetic little occupants will be few and far between. The tiny bodies that are destined to sleep there will, we doubt not, receive the same loving care which was bestowed upon them in the wards. What an unbounded consolation to the living is an understanding, sympathetic treatment of the dead.

The nurses' quarters are bright and comfortable as it behoves them to be, for children's nurses have more than an average drain upon their understanding and sympathy.

There is as yet no resident medical officer, though the little patients are seen daily, and of course oftener if their case so requires.

The Matron, Miss Mabel Westcott, was trained at the Evelina Hospital, and though she has had other experience, she has returned to her first love, which she considers her *metier*. Judging from her present work, we are sure she is right. Many more such hospitals are sadly needed, as all workers in poor districts will testify, and it is to be hoped that the example of the subscribers and committee of the Fulham Babies' Hospital will be widely followed.

NURSES AND THE PARLIAMENTARY FRANCHISE.

Twenty-three members of the nursing staff of the Coventry and Warwickshire Hospital, and four of the nurses at the Coventry Union Infirmary, who claimed the Parliamentary franchise on the ground of "sole occupation," have had their claims admitted at the revision court.

HELP!

If you have a bit of news,
Send it in;

Or a joke that will amuse,
Send it in.

A story that is true,
An incident that's new,
We want it from you—

Send it in.

—The Pacific Coast Journal of Nursing.

LECTURES ON VENEREAL DISEASES *

The "Lectures on Venereal Diseases," by Mr. Leonard Myer, F.R.C.S., Hon. Surgeon to Out-Patients, and Lecturer on Venereal Disease to St. Paul's Hospital, London, W.C., are designed to give sufficient information on the subject of Venereal Diseases to Nurses, Midwives, and Masseurs, and are therefore to be welcomed. Until quite recently nurses have been expected to care for patients suffering from these diseases, and thus to expose themselves to the possibility of infection, but they were rarely informed of the nature of the illnesses they were required to nurse, instructed in the general symptoms of each, or in the precautions they should take for their own protection, with the result that the risks they ran from exposure to these diseases were considerably increased. To require a nurse to care for cases of this kind, and to leave her ignorant of their nature, or of the precautions which she should adopt in self-protection, and that of other patients cannot be too strongly condemned.

Mr. Myer, as he tells us in his preface, has treated the subject perhaps in a unique manner; instead of dealing with Gonorrhoea and Syphilis separately, he has essayed to keep them side by side for two reasons—one, so that the reader may easily compare both diseases as he or she proceeds, and the other because he is aware that an enormous amount of confusion of these two infections exists in the minds of some, even among people one would expect to be better informed. The book is based on a course of lectures delivered by Mr. Myer at the hospital, and the drawings which he made for these lectures have been redrawn by an expert for this publication.

Amongst the methods by which the infection of syphilis may be innocently contracted (*syphilis insontium*) are kissing, smoking an infected pipe, or using the spoon or fork of a person with a syphilitic lesion or lesions in or about the mouth. An infant may be infected in the mouth by the sore nipple of an infected wet nurse, or by an infected teat on the bottle; or a nurse may be infected in the nipple of her breast by a syphilitic infant. The surgeon or nurse or midwifery attendant may acquire the disease through a finger in the course of their professional work. Gonorrhoea may be acquired (though rarely) by the use of a towel with gonorrhoeal discharges upon it, or even by water in a bath, and we are warned that women should guard their douche, especially the nozzle, as they would, or should, their tooth brush. Both Gonorrhoea and Syphilis have been transmitted to the mistress through a servant using her douche.

Part IX is a section of special interest and importance to nurses, as it deals with the attitude and some of the duties of the nurse in venereal diseases.

We commend the book to nurses and midwives in the certainty that they will get a better grip of these diseases and so become more efficient in their care of them, after studying it.

* The Albany Press, Bromley Place, Fitzroy Sq., W. 2.



The People's Homes and the People's Money

IT has been reliably estimated by two eminent architects working independently — and their conclusions have been confirmed in practice — that for technical reasons a saving of £30 per house can be effected in new housing schemes if provision is made at the outset for the use of gas fires instead of coal grates. The "technical reasons" include the possibility of providing a much smaller flue outlet for the fires and doing away altogether with chimney breasts and chimney stacks.

Adopting this course, then, the Government might save some £15,000,000 on that amount of the people's money which they propose to lay out on the erection of the people's houses; while the tenants would further benefit by the increased floor space secured by the abolition of the bulky structures before mentioned, and by the convenience of having ready at hand, clean, economical and labour-saving gas apparatus.

Further information can be obtained on application to the Secretary—

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THE SECRETARY, T.W.N.F.S.,

431, Oxford Street, London, W.

THE INVISIBLE KNOT.

Under the above heading the American Social Hygiene Association Department of Public Information, 105, West Fortieth Street, New York City, issues a telling leaflet in support of its campaign against venereal diseases.

"The Knout! The Scourge of Russia—the symbol of oppression—the breeder of revolution. The vast majority of Russians knew it; feared it—understood.

"But a far more terrible scourge, the invisible knout of the Russian people, is Syphilis—and this millions do not understand."

Syphilis is wide spread in Russia through lack of decent living conditions and a gross lack of personal hygiene.

The object of the leaflet is to impress upon the public in the United States the danger of infection, the necessity for scientific treatment and for the education of the public as to the way the diseases are contracted.

BOOK OF THE WEEK.

"THE OLD MADHOUSE."*

This book has a special interest, inasmuch as it is unfortunately the last from the pen of Mr. de Morgan, for he died when the story was nearing completion. Luckily for the public he was in the habit of discussing the progress of his books, and the characters, with his wife, who was thus able to write the conclusion that her husband had sketched out. Mr. de Morgan is a great loss, his style is absolutely unique, and he is able to clothe each incident with a wealth of detail that never grows tiresome, but on the contrary holds the reader absorbed.

The old madhouse, which at the commencement of the book had been empty for some years, took the fancy of Fred Cartaret and his fiancée Cintra. It was much too large for a young couple, but it was old-fashioned, and quite desirable, if it were renovated, which it sadly needed. Fred's uncle, trustee, and also former headmaster, Dr. Cartaret, must see the place and judge for himself. He was in Holy Orders, weighed eighteen stone, was a very dignified personage.

He left his sister-in-law's house in Maida Vale to return in time for the commencement of the school term, undertaking to view "The Cedars" *en route*. This he did, was traced as far as the old house, where he interviewed the caretaker, who left him for a moment to answer a ring; when she returned he had disappeared, and no trace of him was found for years. This is the central incident around which the story revolves, and which is elaborated to the finest point. Incidentally, there are the love affairs of Fred Cartaret and Cintra, of his bosom friend, Charley and his wife Lucy, and of that very nice girl,

* William Heinemann, London. By William de Morgan.

Cintra's sister Nancy, secretly designated by the young men as "Elbows." The two young couples had a delightful scheme of sharing the Cedars between them—at least at first it seemed delightful—but it fell through, as Cintra recognised that Fred's admiration for his friend's Lucy was rather warmer than she approved.

Unfortunately, his liking for her increased instead of diminished, and Cintra made other matrimonial arrangements and left Fred free.

Charles and Fred were more than ordinary friends, they were as Damon and Pythias, and the tragedy which closes the story is a sad one.

Though the book abounds in charming writing and happy description, it does not lend itself to extract, as passages taken from the context seem to lose their import; now and again one comes across a delightful word picture.

"A cat on the hearthrug that had slept through the conversation thought the silence a good opportunity to stretch itself and turn round. A dachshund that had been grilling inside the fender, came over suddenly as to a business appointment, smelt the cat carefully, decided no steps could be taken at present, and went back. A little quick-step gold watch on the chimney-piece kept well alongside the solemn pace of a neighbouring clock but made no effort to fall in and keep time."

Mr. de Morgan is whimsical above all things: "Professor Fraser, wandering downstairs in search of a parcel that ought to have come, found it on the hall table, and exclaimed against the vice of non-delivery of parcels immediately on their arrival."

His wife extenuated Annette, saying what could her husband expect of an uneducated girl whose father was a pork butcher. The Professor said that nothing he knew of in the butchering of pork need prevent a conscientious daughter of one so employed from bringing a book to its reviewer.

Annette herself appeared, and excused herself on the ground that this was not a book, but a parcel. Not but what she was well aware of the contents, but a principle was involved: "Of course," said she, "if parcels with books inside was to count as books, she would know where she was another time."

But, as we said before, the central incident in the story is the disappearance of Dr. Cartaret. What could have become of him. Well, read and you will, if you are a de Morganite, enjoy every one of the 365 pages, and on the last one you will find out.

H. H.

A SQUARE DEAL.

"Then these charity funds I heard Mr. Grant talking about—who wants charity? Why should we have to depend on charity for the necessities of life? The more you give people, the more discontented it makes them. The weak ones cry for more; the strong ones say: 'Be damned to your charity; what we want is a square deal.'"

—Harry Davis in "Bait."

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE MEANING OF A LEAGUE IS THE SOLIDARITY OF ITS MEMBERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It does one's heart good to read of the inspiring account—as you rightly call it—of the visit of Mrs. Balstone and Miss Clarke to the House of Commons, on the day preceding the passing of the Second Reading of our Bill. That these two ladies should take the trouble to travel from Bournemouth to London and back, at a time of expensive railway fares, in order—not to do the interesting thing, to hear the debate (it appears they were unable to do that)—but to do the work of lobbying Members, in order to help forward the cause, shows a very fine spirit of professional zeal and *esprit de corps* that all Nurses would do well to imitate. It was a fine contribution to the successful passing of the Second Reading. It is this type of woman that we need in large numbers in the Profession, especially now. I write to acknowledge my indebtedness to these intrepid ladies. I should also like to say thank you to Mrs. Balstone for her very kind remark about myself—kind, but undeserved. BEATRICE KENT.

A GREAT BOON.

DEAR MADAM,—If, as your correspondent, "M. V. Cullen," seems to suggest, creches could be available where mothers could "dump" the baby and younger children while they tackle their household duties, and that nightmare to housekeepers of the present day—the shopping, it would without doubt be a great boon. One realises that a great deal has been said by objectors about the duty of a mother to her child. Sometimes one wonders whether this admirable counsel is intended to apply only to the working-class mother. After all, she is of the same flesh and blood as her more gently-nurtured sister who rings for nurse when her offspring "gets on her nerves."

Of course, the tendency of the present day is the destruction of home life; but while this should be carefully guarded against, legitimate relief from the incessant strain of tending their children should be within the reach of the poor as well as the rich, and also of the lower middle classes, who, perhaps, suffer more than any in this respect.

I imagine that existing creches are chiefly used by women who go out to daily work, either from necessity or inclination, but if the above-mentioned classes were encouraged to make use of them as suggested, it would be a great step forward towards the well being of the mothers and incidentally of the babies.

I am, yours faithfully,

INTERESTED.

KERNELS FROM CORRESPONDENCE.

"Trained at Bart's" referring to the action of the Southwark Borough Council in deciding to give three months' notice to Miss Annie Bacon, a health visitor on their staff who declines to wear a nurse's uniform, writes:—I feel furious. *You* working for "Registration" all these years. Here is a Public Body penalizing a woman, working on public duty, because she refuses to appear as what she is not, namely, a trained nurse. I for one have written to Miss Bacon admiring her stand for *Truth* on public service.

I wish the matter could be taken up for her sake.

May I take this opportunity of saying how deeply interested I still am in the Nursing World, though through overstrain with military duties I am now engaged with convalescent Patients.

It was a sad blow to me to read about the treatment of "Our Registration Bill," but I feel sure you will still "carry on" to victory. Had the Bill been law, this lady would not have suffered the injustice now being carried out.

"Matron, Mental Hospital" writes regarding new arrangements for nursing staff:—"Re meals. Works well, but present system of signing for each meal gives much work; an account must be kept. On our Male side the three shifts per twenty-four hours came into force July 1st, 1919, and works well, except some periods when staff, so far, cannot be fully employed; and again staff, at times, hardly sufficient for duties required. (Several new arrangements have been made to meet new conditions.) This remark has been made to me by matrons who have already started the three shifts. Men being now more quickly obtained than women, forty men joined our staff, engaged to enter on the same day. Time worked over the 96 hours per fortnight is paid at the rate of time-and-a-quarter for first two hours, and time-and-a-half afterwards. (Very expensive.) New time shifts: 6 a.m. to 2 p.m., with half-an-hour off for meal—7½ hours; 1 p.m. to 10 p.m., with half-an-hour off for meal—8½ hours; (double staff, 1 hour); 9.45 p.m. to 6.15 a.m. with half-an hour off for meal—8 hours. We hope to start the new system on Female side at an early date I have almost sufficient extra staff."

OUR PRIZE COMPETITION.

QUESTIONS.

August 30th.—What advice would you give in a case of chronic phthisis which had to be nursed at home?

September 6th.—Mention the principal baths used for hygienic and therapeutic purposes, and the instructions you would give, or the methods you would adopt, to ensure their efficient application.

The Midwife.

ANTE-NATAL AND NEO-NATAL MORTALITY.*

BY DR. J. S. BUCHAN, M.O.H., BRADFORD.

Ante-natal work has been constantly talked of these last few years, but very little has been done anywhere. It is amazingly difficult work to develop; it is easy to start an ante-natal centre and to set aside hours for consultation and the like, but this is not sufficient. Expectant mothers do not as yet appreciate the importance of ante-natal supervision and inquiries of health visitors or others into their condition are too likely to be viewed as an impertinence. Expectant mothers do not want their expectant condition to be known the length and breadth of the street, and this is especially so in an industrial area where women are employed. Much has to be done to educate women as to the need for ante-natal supervision and care, but I do not think that this is best if at all attained by a notification of pregnancy and the appearance of another supervisor of their health apart from their midwives and their doctors. It is necessary to enlist especially the midwife in the service of the ante-natal authority. The midwife has been sought out by the expectant mother herself, and will have much more influence with her than anyone else. Midwives themselves have to be taught to appreciate the meaning and the importance of ante-natal work, and they have to impress upon their *clientele* the need for early booking of their confinement. The municipal midwife is required to see her patient very frequently before the birth, and to seek the aid of the ante-natal clinic on all occasions. A definite ante-natal centre, though of very great importance in ante-natal work, is relatively of less importance than a well-organised and educated midwifery service. Without such a service the work of the centre is set at naught. We have been feeling our way for the past few years to ante-natal work, but as a result of experience I think it can be said that it is not much use to establish ante-natal centres without a sufficient means of getting into touch with the work to be done. Ante-natal centres must work in close association with hospital accommodation for gynaecological and maternity cases, and they have to establish a very intimate co-operation with the means of treatment for venereal disease.

EFFECT OF VENEREAL DISEASE ON INFANT LIFE.

The full extent of the effect of venereal disease on infant life is not known, and, like most unascertained facts, it is probably liable on the one hand to exaggeration and on the other to neglect.

*Part of a paper read at the National Conference on Infant Welfare, July, 1919.

Whatever it is, we do know that the need for the treatment of syphilis and gonorrhœa in women is greatest and of the most immediate urgency during their pregnancy. Such treatment is of a very special nature, and should only be undertaken by those who have specially devoted themselves to this class of work; it is really apart from the ordinary routine of ante-natal or infant welfare work.

NECESSITY FOR NOTIFICATION.

From the point of view of both of mother and child, venereal diseases can only be treated with a proper prospect of success if this is undertaken several months before parturition, and on account of the grave urgency of the matter syphilis and gonorrhœa in pregnancy ought to be made without delay notifiable, and some power should be given to enforce adequate treatment. Without discussing the general question of notification in venereal disease, the importance for the child's sake demands that this should be done. Ophthalmia neonatorum is already notifiable, but surely it is more important that the immediate antecedent condition should be made notifiable to prevent it. Further, in the notification of syphilis in pregnancy, patients who had previously had two still-births, and who engaged midwives should be deemed to be suffering from syphilis. With such a notification no question of concealment would arise. A comparatively large proportion, possibly as much as 50 per cent. of the infants affected with congenital syphilis are healthy at birth, the infection by the spirochæte having taken place either during parturition or shortly before it. It is a typical clinical picture to find a congenital syphilitic born apparently healthy and of good development and weight and to see later the infant show all the classical signs of congenital syphilis, which we ought in these days to recognise not so much as symptoms of congenital syphilis as symptoms of the secondary state in a recently-infected and rapidly-developing infant. If treatment of such a case is to be effective, it should be begun if possible through the mother before birth, or at least immediately after birth. . . . It is justifiable to believe that a very high percentage of unaffected children could be born if treatment were begun early enough.

ACCIDENTS AND COMPLICATIONS OF CHILDBIRTH.

These constitute the largest group of ante-natal and neo-natal deaths. Pelvic contractions, or tumours, or foetal malpresentations are not only dangerous to the mother if the condition is recognised first during labour, but are still more dangerous to the child, who may have to be sacrificed to save the mother, for obviously if the mother cannot be delivered both mother and child would die.

THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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SATURDAY, SEPTEMBER 6, 1919.

Vol. LXII

EDITORIAL.

THE CARE OF THE DYING.

The care of the dying! What memories the words hold for us, of patients, young and old, to whom it has been our privilege to minister until their hands loosed their feeble grip on the torch of life, and all that remained to us was reverently to perform the last offices for those who, in their increasing weakness and helplessness, had depended on us to care for the bodies in which for a time they dwelt, and the needs of which seemed so paramount in the last days of their life on earth.

There arise before us pictures of the tiny infant whose life lasted but a few brief hours, of the group of those suffering from preventable diseases which have not been prevented, of the soldier mortally wounded in defence of his king and country, of old people whose span of life has been completed, and sometimes exceeded; all these have turned to us for aid in their last hours, and some of our most precious memories are of appreciation of the services which our training has enabled us to render, which has been uttered by failing lips, and which has made worth while all the arduous days and nights which we have spent in qualifying ourselves to render such service.

And yet, though all nurses worthy of their calling minister with tenderness to the dying when this duty comes in their way, few, comparatively, have any aspirations for a life which shall be filled with the care of the incurable, and the dying, though it is a branch of work which may well make a strong appeal to us. The instinct of the nurse is closely allied to the instinct of the mother; the helplessness of those dependent upon her calls forth the protective qualities, which are the inheritance of womanhood, and constitute women the

protectors of both young and old in their dependence.

Now that many nurses are still without employment, it may be that some will turn their attention to a branch of nursing which is often passed over, and will find their vocation in institutions devoted to the care of the incurables and the dying. Nor need anyone think that her training will be wasted if she devotes her life to this branch of professional work, for there is no skill too great to place at the service of these patients. If we consider for a moment we shall realise that they are just the same class that filled our hospitals when their complaints were less acute, and there was a prospect of their ultimate recovery, when we lavished upon them all the trained skill which we possess. Now that their illnesses have become intensified they require more, rather than less, skilled care.

The work, no doubt, makes special demands on the vitality of the nurse, but the opportunities it affords of solacing the dying, and comforting the heart-broken, bring their own reward.

"Special vocations have special beatitudes," and that of the nurse who makes the dying her first care is a very beautiful one. To her it is given to ease the sufferings of those who pass by Death through the Gate of Life, and, in accompanying and sustaining them so far on their journey she may get glimpses, through the gates ajar, of the life beyond. When, in the natural course, her own times comes to receive in her helplessness the care which she has rendered in so many instances to others, the Gate through which she passes will have the aspect of a familiar friend, and, on the further side, will be waiting to welcome her, friends to whom she has given of her best, and whose opportunity it now is to give measure for measure in recompense for that debt.

OUR PRIZE COMPETITION.

WHAT ADVICE WOULD YOU GIVE IN A CASE OF CHRONIC PHTHISIS WHICH HAD TO BE NURSED AT HOME?

We have pleasure in awarding the prize this week to Miss R. E. S. Cox, The Bungalow, Park Road, Monton, near Manchester.

PRIZE PAPER.

In giving advice where a phthisis patient is to be nursed at home, one must take into consideration all the varying circumstances under which the patient is placed, as it is impossible for very poor people to nurse a consumptive with anything like the degree of comfort which attends the better-class patient, but there are certain rules and instructions which can easily be carried out in both cases.

One of the first things to impress upon those who are nursing a chronic phthisical case is that, although a contagious disease, it can, with care, be nursed at home without any others of the family taking it. They will also need to exercise a great deal of patience and tact, as these patients are often very trying.

In choosing the patient's room, he should have the largest, airiest, and sunniest room procurable, with as little furniture as possible. The floor should be scrubbed, polished, or covered with a linoleum which can be washed. There should be no more curtains or hangings than absolutely necessary, and what is very important is an open fireplace, and the chimney should never be stopped up, as is often done in many small houses; also the patient will need a fire in cold weather if he is in bed all the time. If the patient is well enough to be up and walking about he must take some gentle exercise in the open air every day, and if not a very advanced case, some light gardening will be very beneficial both to body and mind.

A separate set of utensils, such as cup and saucer, plate, knife and fork, etc., must be set aside and always washed separately. Towels, bed and personal linen should also be washed separately. Paper handkerchiefs are best, as they can be burnt when done with. Papier maché cups can also be bought, which may be used for sputum receptacles, but a flask will be required for this purpose if the patient is able to go out. Both of these articles should have some liquid disinfectant in the bottom. The sputum must never be allowed to dry. This is very important, as while in a moist condition it is less infectious, and cannot blow about and mix with the dust. Whenever the

weather will permit, meals should be taken out of doors.

The phthisis patient will require good, nourishing food—milk, eggs, butter, vegetables, and, when able to eat it, meat once a day, soups, and beef tea. In cases where there is a lack of means, the local health authorities often supplement milk and butter to notified cases. It will be well to vary the diet as much as possible, as they soon get tired of one kind of food; in fact they are sometimes very capricious and difficult to please in this matter. Medicines will, of course, be given in accordance with the instructions of the doctor in attendance, but in most cases one of the extracts of cod liver oil and malt are ordered. In all cases the patient *must* have a separate sleeping apartment, and be made to realise the danger of spitting about, and the need for using a sputum flask. The ideal condition for a chronic phthisis case is a hut in a garden, without windows, and only a curtain drawn across when the weather is very bad, but failing this, the sparsely-furnished bedroom, with wide-open windows, is the next best. It is very important to teach the friends what to do in a case of hæmoptysis. They should be told not to get excited or allow the patient to become so, but should at once send for the doctor, and in the meantime lay the patient down with the shoulders slightly raised, open the window and door to allow a current of air through, loosen all clothing about the neck and chest, and apply cloths wrung out of cold water to the chest, and give two drops of turpentine on a lump of sugar, if the doctor has not by this time arrived.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. O. Walford, Miss W. Appleton, Miss Adeline Douglas, Miss P. Thomson, Miss M. James, Miss A. M. Burns, Miss E. I. Griffin.

Miss Griffin writes:—"I would advise the choice of a sunny, warm, dry room, facing south, as the tubercle bacillus cannot live in the presence of a lot of sun, and when possible the bed should be in the open, or on a balcony; failing this the window should be removed. The patient should be given hot bottles, bed socks, and plenty of warm blankets, to keep him from taking cold."

QUESTION FOR NEXT WEEK.

Mention the principal baths used for hygienic and therapeutic purposes, and the instructions you would give, or the methods you would adopt, to ensure their efficient application.

HONOURS FOR NURSES.

OVERSEAS NURSING SERVICES.

Mentioned for Valuable Services.

The names of the following members of the Overseas Nursing Services have been brought to the notice of the Secretary of State for War for valuable services rendered in connection with the war.

DOMINION OF CANADA.

Aikman, Sister Miss L. R., 11th Can. Gen. Hosp., Moore Barracks, Shorncliffe, Kent; Bagshaw, Nursing Sister Miss E. T. Granville Can. Spec. Hosp., Buxton, Derbyshire; Batty, Sister Miss L. R., Can. Convalescent Hosp. for Officers, Matlock Bath, Derbyshire; Bernard, Sister Miss H., 12th Can. Gen. Hosp., Bramshott, Hampshire; Brown, Nursing Sister Miss L. M., 5th Can. Gen. Hosp., Kirkdale, Liverpool; Carscallen, Sister Miss A. A., 14th Can. Gen. Hosp., Eastbourne, Sussex; Casswell, Nursing Sister Miss E. J., Granville Can. Spec. Hosp., Buxton, Derbyshire; Denton, Nursing Sister Miss L. E., 16th Can. Gen. Hosp., Orpington, Kent; Drew, Sister Miss M. C., 9th Can. Gen. Hosp., Kinmel Park, Rhyl, Flintshire.

Fitzpatrick-Smith, Sister Miss J., Can. Convalescent Hosp. for Officers, Matlock Bath, Derbyshire; Fox, Sister Miss M. G., 9th Can. Gen. Hosp., Kinmel Park, Rhyl, Flintshire; Franks, Sister Miss H., Queen's Mil. Hosp., Beachborough Park, Shorncliffe, Kent; Fraser, Nursing Sister Miss E. M., Can. Red Cross Hosp. for Officers, 1, Hyde Park Place, London, W.; Graham, Sister Miss R. R., The King's Can. Red Cross Spec. Hosp., Bushey Park, Hampton Hill, Middlesex; Gray, Sister Miss D., 11th Can. Gen. Hosp., Moore Barracks, Shorncliffe, Kent; Gray, Nursing Sister Miss G. A., A.R.R.C., 15th Can. Gen. Hosp., Taplow, Buckinghamshire; Johnston, Nursing Sister Miss J., 5th Can. Gen. Hosp., Kirkdale, Liverpool; Kerruish, Sister Miss H., 12th Can. Gen. Hosp., Bramshott, Hampshire.

Macdonald, Nursing Sister Miss N. E. L., 11th Can. Gen. Hosp., Moore Barracks, Shorncliffe, Kent; McConachie, Nursing Sister Miss L., 16th Can. Gen. Hosp., Orpington, Kent; Pope, Matron Miss G. F., R.R.C. (frmlly. 2nd Can. Staty. Hosp., France); Powell, Asst. Matron Miss C., Massey Harris Hosp., Dulwich, London, S.E.; Ralph, Sister Miss E. K., 12th Can. Gen. Hosp., Bramshott, Hampshire; Ross, Matron Miss E. B., R.R.C., Can. Red Cross Hosp. for Officers, 1, Hyde Park Place, London, W.; Scatcherd, Sister Mrs. R., 14th Can. Gen. Hosp., Eastbourne Sussex; Sutherland, Nurse (A. Nursing Sister) Miss A., Can. Spec. Hosp., Lenham, Kent; Tremaine, Matron Miss V. A., R.R.C., H.M.A.T. s.s. *Essequibo*; Turner, Sister Miss A. L., 12th Can. Gen. Hosp., Bramshott, Hampshire.

COMMONWEALTH OF AUSTRALIA.

Clapp, Sister Miss E. G., 3rd Aust. Aux. Hosp., Dartford, Kent; Dwyer, Sister Miss M. G., 1st Aust. Gen. Hosp., Sutton Veny, Warminster, Wiltshire; Lucas, Sister Miss A., Monte Video Camp Hosp., No. 2 Command Depot, Weymouth; McKay, Sister Miss E. R., Ast. Flying Corps Hosp., Tetbury, Gloucestershire; Ritchie, Sister Miss I. N. K., 1st Aust. Gen. Hosp., Sutton Veny, Warminster, Wiltshire; Williams, S-Nurse Miss C. M., 3rd Aust. Aux. Hosp., Dartford, Kent.

DOMINION OF NEW ZEALAND.

Bird, Sister Miss L., A.R.R.C., Convalescent Home, Wanganui; Cumberhurts, Sister Miss L., 1st N.Z.

Gen. Hosp., Brockenhurst, Hampshire; Eagle, Sister Miss M., Featherston Hosp., Featherston; Falconer, Nurse Miss A., Trentham Hosp., Trentham; Falconer, Nurse Miss M., Featherston Hosp., Featherston; Finlayson, Sister Miss A., Jaw-green Hosp., Sidcup, Kent; Flynn, S-Nurse Miss H., Trentham Hosp., Trentham; Gouldstone, S-Nurse Miss M., H.M.A.T. ss. *Maheno*; Grey, S-Nurse Miss I., Trentham Hosp., Trentham; Hanan, Sister Miss E., Featherston Hosp., Featherston; Hayward, Sister Miss A., Featherston Hosp., Featherston; Hill, S-Nurse Miss C. A., Featherston Hosp., Featherston; Hitchcock, Sister Miss M., 1st N.Z. Gen. Hosp., Brockenhurst, Hampshire; Hood, Sister Miss I., Featherston Hosp., Featherston; Horton, Sister Miss D., Featherston Hosp., Featherston; Jackson, S-Nurse Miss M., Featherston Hosp., Featherston; Jameson, Sister Miss L., 2nd N.Z. Gen. Hosp., Walton-on-Thames.

Keith, Sister Miss A., Trentham Hosp., Trentham; Kidd, Sister Miss E., Rotorua Hosp., Rotorua; Kitching, Sister Miss K., Trentham Hosp., Trentham; Logan, S-Nurse Miss M., Trentham Hosp., Trentham; Mackay, Nurse Miss A., Convalescent Home, Lowry Bay, Devonport, Wanganui; Martin, S-Nurse Miss E. F., Trentham Hosp., Trentham; Martyn, Sister Miss E. M., Trentham Hosp., Trentham; McGregor, Sister Miss K., Trentham Hosp., Trentham; Neal, S-Nurse Miss M., Trentham Hosp., Trentham; Nurse, Matron Miss B., R.R.C., Trentham Hosp., Trentham; Nurse, Masseur Miss F., 2nd N.Z. Gen. Hosp., Walton-on-Thames; Pascoe, Sister Miss E., Convalescent Home, Lowry Bay, Devonport, Wanganui; Porter, S-Nurse Miss S., Featherston Hosp., Featherston; Richardson, Sister Miss E., Rotorua Hosp., Rotorua; Robinson, S-Nurse Miss G., H.M.A.T., ss. *Maheno*; Scott, S-Nurse Miss A., H.M.A.T., ss. *Maheno*; Shine, S-Nurse Miss M., Trentham Hosp., Trentham; Siddells, S-Nurse Miss B., Featherston Hosp., Featherston; Slater, Sister Miss N., Trentham Hosp., Trentham; Smith, Masseur Miss C., 1st N.Z. Gen. Hosp., Brockenhurst, Hampshire; Smith, S-Nurse Miss F., Trentham Hosp., Trentham; Stronach, Sister Miss E., Rotorua Hosp., Rotorua; Tuke, Sister Miss E., Featherston Hosp., Featherston; Wilkin, Sister Miss E., A.R.R.C., Rotorua Hosp., Rotorua; Willis, Matron Miss I., A.R.R.C., Featherston Hosp., Featherston.

UNION OF SOUTH AFRICA.

Aves, S-Nurse Miss D., S.A.M.N.S., South African Mil. Hosp., Richmond, Surrey; Edmeades, Nursing Sister Miss C. A.; Hutchings, Nursing Sister Miss J.; Jacobson, Prob. Miss A., V.A.D., South African Mil. Hosp., Richmond, Surrey; Ronaldson, Senior Matron Miss G., Rhodesian Nursing Service; Thom, Prob. Miss H., V.A.D., South African Mil. Hosp., Richmond, Surrey; Williams, Sister Miss A., Q.A.I.M.N.S.R., South African Mil. Hosp., Richmond, Surrey.

GIBRALTAR.

Etts, Sister Miss E. A., Q.A.I.M.N.S.R., Mil. Hosp., Gibraltar; Eckles, Nurse Miss D. L., V.A.D., Mil. Hosp., Gibraltar.

MALTA.

Bonjacar, Nurse Miss V., V.A.D.; Knight, Sister (A-Matron); Miss M. D. E., Q.A.I.M.N.S.R.; Miller, Sister (A-Matron) Miss G., Q.A.I.M.N.S.R.; Stones, Sister (A-Matron) Miss G., T.F.N.S.

The King of the Belgians has conferred the Medal of Queen Elizabeth upon Miss Dora Vine in recognition of the kind and valuable assistance she rendered to the Belgian Refugees during the war.

THE VICTORY MEDAL.

The King has been pleased to recognise by the issue of a distinctive medal the services rendered by His Majesty's military forces in theatres of war since August 5th, 1914. The medal, which will be designated "The Victory Medal," will be identical with that issued by the other Allied and Associated Powers for service in theatres of war, and will obviate the interchange of Allied commemorative war medals. It will be in bronze, and attached by a ring to the riband which will be red in the centre with green and violet on each side, shaded to form the colours of two rainbows.

Provided the claims are approved by competent military authorities the medal will be granted to Nursing Sisters, nurses and others employed with military hospitals who actually served on the establishment of a unit in a theatre of war within defined periods.

WAR SERVICE GRATUITIES FOR NAVAL NURSES.

MINIMUM RATES AND CONDITIONS.

1. Subject to the other conditions laid down below, war service for the purpose of this award shall be service within periods beginning on August 4, 1914, and ending at the date of termination of the war as defined by statutory authority, or August 3, 1919, whichever is the earlier.

2. The minimum gratuity payable to a member of Queen Alexandra's Royal Naval Nursing Service shall be as follows:—

Sister	£40
Superintending Sister	40
Head Sister	45

3. Members of Queen Alexandra's Royal Naval Nursing Service who have completed more than one year's war service, as defined in paragraph 1, will receive, in addition, the following sums in respect of each additional month or portion of a month, subject to a maximum addition of 48 such increments:—

(a) If with any service overseas—i.e., outside the United Kingdom, or in a hospital ship, £1.

(b) If with no service overseas, the monthly increments shall be at the rate of 10s.

4. The minimum gratuity payable to members of Queen Alexandra's Royal Naval Nursing Service Reserve shall be:—

Sister	£30
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5. Members of Queen Alexandra's Royal Naval Nursing Service Reserve who have completed more than one year's war service, as defined in paragraph 1, will receive, in addition, the sum of 10s. in respect of each additional month or portion of month, whether for service at home or abroad, subject to a maximum of 48 such increments.

6. The minimum gratuity of Voluntary Aid Detachment Nursing Members and Red Cross Association Nurses, who have been employed in naval hospitals and paid from naval funds, will be £10 in each case, with an increment at the same rate and under the same conditions as laid down in paragraph 5 for members of Queen Alexandra's Royal Naval Nursing Service Reserve.

7. The award of the gratuities as laid down in

paragraphs 2, 3, 4, 5 and 6 will be with retrospective effect from August 4, 1914, and they will be in lieu of any bonus or gratuity for which nurses are eligible under existing regulations, unless the latter are more favourable than the above gratuities, in which case nurses will be eligible to draw the more advantageous rate.

8. Gratuities will not be payable under this award in the case of a member of Queen Alexandra's Royal Naval Nursing Service:—

- Whose services are dispensed with, or who resigns her appointment for misconduct or for other causes which, in the opinion of the Board of Admiralty, disqualify her from the grant of a gratuity.
- Who, before Nov. 11, 1918, voluntarily resigned her appointment after less than two years' service.
- Who is granted a first appointment after May, 9, 1919.

9. The payment of gratuities under this award to Members of Queen Alexandra's Royal Naval Nursing Service Reserve will be subject to satisfactory service having been rendered; this condition will also govern the award of the gratuity to Voluntary Aid Detachment nursing members and Red Cross Association nurses.

10. The rank which will determine the minimum gratuity payable will be the actual substantive or acting rank for which pay is drawn by the nurse on the termination of her war service, or, in the case of those serving beyond Nov. 11, 1918, on that date if higher. Acting rank specifically granted without pay and allowances of the rank will not entitle the holder to the higher rate of gratuity for such rank.

11. Applications for gratuities under the terms of this award should be addressed to the Accountant-General of the Navy, Admiralty, S.W.1, except in the cases of those nurses still serving, respecting whom further instructions will be issued.

BONUS FOR MILITARY NURSES.

An Army Order issued on Aug. 28, provides for the grant of a bonus by way of extra remuneration, as under:—

Members of the Q.A.I.M.N.S. and of the permanent nursing establishment of military families' hospitals will, until further notice, be granted a bonus at the same rates as those approved for the Reserve and temporary staffs. The weekly rates of the bonus are as follows:—

1. Q.A.I.M.N.S., Q.A.I.M.N.S.R., and T.F.N.S. staff nurse 8s. 9d., sister 10s. 6d., assistant matron 17s. 6d., matron 17s. 6d., principal matron 24s. 6d., matron-in-chief 28s.

2. Military families' hospitals. Charge nurse 8s. 9d., matron 10s. 6d.

3. V.A.D. nursing members 3s. 6d.

4. Special military probationers 3s. 6d.

5. Assistant nurses 5s. 3d.

The bonus is based on the rank, acting or substantive, for which pay is being drawn. Acting rank specially granted without pay and allowances of the rank will not entitle the holder to the higher rate for such rank.

In cases other than those of the Q.A.I.M.N.S. and the permanent nursing establishment of the military families' hospitals, the bonus will only be issued subject to the nurse having signed a contract to continue to serve until April 30, 1920, or until her services are no longer required, whichever is the earlier date.

NURSING ECHOES.

The Royal Sanitary Institute has now issued its programme of the courses of lectures and demonstrations for the Autumn Session. Those arranged to assist students for the examination for women health visitors, school nurses, maternity and child-welfare workers, will commence on Wednesday, September 24th, at 6 p.m. Candidates for these examinations must possess a nursing qualification. Further information may be obtained from the Secretary, E. White Wallis, Esq., F.S.S., 90, Buckingham Palace Road, S.W.1.

At the annual meeting of the Cambridge and District Workers' Hospital Fund the other day, Miss Crookenden, Matron of Addenbrooke's Hospital, in reply to the chairman, who expressed the appreciation of the members of the Fund for the kind treatment they received from the nursing staff of the hospital, said it was their privilege to be able to help the sick and suffering in Cambridge and district. She would like to ask the Committee and collectors of the Fund, when collecting money, to point out to subscribers that their workers received at least adequate pay for an eight-hours' day, and that the nurses in the hospital were working twelve hours a day, and sometimes fourteen. Subscribers would then, perhaps, realise that a larger staff was required at the hospital, which meant greater expenditure. If people would only double their subscription, it would mean a lot. The nurses were hoping to get a 56-hour week in the near future, but an adequate staff would mean a further nine or ten nurses, and a further expenditure of £1,000. At present the Hospital Committee did not feel justified in adding that £1,000 to the expenditure of the hospital.

An article from the pen of Miss Beatrice Kent appears in *The Vote* this week, entitled "Army Nurses, Their Demobilisation, Disablement and Unemployment," in which she laments that there has not been, since the Armistice, a better system of organisation for those women whose work the Prime Minister recently eulogised in the House of Commons.

She suggests that there are openings for war-weary nurses who desire and require a change of work. Judging from the remarks of Poor Law Matrons and others there are still posts for those who are willing to undertake nursing work which may offer.

Miss Emily J. Haswell, Matron of the Comité Britannique, Croix Rouge Française,

is to pay a two months' visit to the United States of America, and during her visit hopes to make the acquaintance of many leading American nurses, and enquire into various progressive nursing movements and new educational systems for nurses. Miss Haswell carries with her introductions to her American colleagues, and will we feel sure greatly enjoy and benefit by association with women whose names are now a household word in Europe, in connection with their work for the uplifting of nursing both before, and during, the war.

Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, writes from U.S.A. :—"At last your long struggle for Registration has finished its first chapter! Chapter two, a Government Bill! I think that is, actually, extremely satisfactory. Your new Ministry of Health is a progressive venture in government. It will have great influence and power in health matters, and will be closely associated with nurses. It is bound to be a somewhat democratic—even socialistic—department. It is almost impossible that it should not be very enlightened and forward-looking. It will necessarily come into close contact with Labour, and I should not risk a guess in surmising that Toryism, as such, will be missing at its councils. From the Minister's statement, and specially from his rebuke (for it amounted to that) of the College because of its trying to combine the functions of teacher and examiner in one, and also of its endeavour to control conditions for workers, from all his remarks I gather a most hopeful and encouraging set of impressions. It is quite evident that Tory reactionary influence in your midst is still strong enough to make endless trouble for a private member's Bill, and so it is well for the Government to come to your rescue. You have votes now. Women will be quite well treated in Government measures now I don't doubt.

"Your Major Barnett is certainly a dear. You have had wonderful champions, haven't you? I hope you are going to write the History of the Thirty Years' War. But I'm afraid your house will be bombed if you do, for truth is so much disliked and disapproved of."

The opinions of this keen nurse-historian and organiser are of the utmost value to us, and she always sees eye to eye with us.

Many of Miss J. C. Child's friends will be interested to hear she has arrived in South Africa. She is resuming work as Matron of the Leribe Hospital, Basutoland.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION

HOLIDAY WAYFARERS.

When preparing to attend the Manchester Conference and incidentally to make a study of that most obscure problem, the psychology of College "ethics," I was delighted to receive a terse communication from a member of the N.U.T.N., as follows:—"I'm coming up to meet you Mac." In a genuine spirit of comradeship she had decided that a "brither Scot" should not go into battle alone but when she reached Manchester from Scotland she found besides myself a letter from her society claiming her presence in London for a time. Characteristically, when the call came to do some fighting "for the right," she contented herself with a few lingering regrets for the holiday that she had thought to spend at her brother-in-law's place on the Clyde, and was soon reflecting that a further and entirely unexpected journey to London was not, after all, an impossibility for "she had at least brought her toothbrush." She appeared to consider that despite luggage in tabloid form, she still had a sound anchorage upon modern civilisation in the possession of a toothbrush.*

Recalling the incident the other day in holiday time, I began to reflect whether any holiday "kit" could really be complete without a paint brush, and whether one is likely to get all the enjoyment possible out of the world of nature that lies beyond our politics and our strivings, without the effort to create a reflection of it in words, music or in lining and colours. Certainly, in "bonnie Scotland," you can find no more delightful companion than a brush, and, if you hear the whistle of the last train home before it has completed its work, well, a ten-mile tramp or a search for a shelter for the night are, after all, no more than a sojourn in London with a toothbrush by way of luggage.

But I warn you, my comrades of the palette, if you are not fortunate enough to escape making appointments in holiday time, do not start your journey to one in company with your paint brush. Ever and again, almost with every step, will the tempter suggest to you possibilities in this weather-worn fir tree, or that moorland, with its tender, misty stretches of russet and green, or in

the purple hanging over the hill lands, or even just in that little rustic water-gate with the bank of green reeds beyond. If your eyes light then on the small companion of your journey you may yet withstand the tempter but let your fingers wander to his sleek, sable head, and the object of your journey will pass to the realm of forgotten things and you are in the grass, putting down this or that "impression," sometimes, it may be, hushing your conscience to sleep with the assumption that "some day" when the long struggle for justice is ended, when at last the organisation of what should be the greatest of all women's professions has been achieved, you will make good those hours dropped by the wayside and make out of the "impression," a "picture." Or it may be that, half consciously, you promise yourself that in the dull days of the winter time you will steal away from the pressure and stress of city life to build up, from the scrap of paper before you, a new conception, into which you will weave again memories of the world that lies beyond the din of shrieking motor cars, out of reach of the postman's bell.

The sable-headed companion of your holiday time will lead you, by diverse ways, to many places. Here, to put in a bit of hill road, or there, to catch the reflections of the fishing boats, or, it may be, the old town steeple, in the waters of the Loch. Thus "the call of the brush" took me to the ancient borough of Dunfermline, where round the Abbey, and in the beautiful Pittencreeff Glen, the gift of the late Mr. Carnegie to the town of his birth, you could find occupation for sable head for a lifetime. You may put down "memories" of corners of the Abbey, of the stately trees that shelter its gables or, if you are of a mind to let old memories jostle with the present, you can go to the gardens and get, against a background of old-time architecture, a perfect glory of crimson ramblers, of tall blue "lupins," of patches of floss, of gorgeous sunflowers, and of many-hued poppies, each of these last climbing upwards with its tiny green valise poised on its slender stem, from which it will shake a gown of glistening silk in which to live its short life of sun worship before fluttering back again into the arms of old mother earth. But maybe sable head prefers to leave the crumbling ruins and instead there grows out of the paper broad paths, gorgeous flower beds and green lawns

*With apologies to "my good comrade" Miss Jentie Paterson.

with the lights and shadows of summer time flitting everywhere.

Again my brush provided the excuse to explore the ruins of Loch Leven Castle, and with three fishermen and a half, the latter trawling an engaging worm before the eyes of unobservant trout, I and the companion of many a sketching expedition set out with our brushes for the Castle pier, refusing to be convinced that we should find greater entertainment from the tip of a feather on a fish hook than from our tufts of sable hair. We squatted on the pier and soon were busy on the castle battlements, and then we betook ourselves to the Round Tower which the unfortunate Mary, Queen of Scots, is supposed to have occupied during her captivity. Then we climbed the winding old stone stairs in search of "material" and ere long set to work to splash in the first flush of the setting sun, the prelude to a perfect panorama of colour, in which the hills steeped themselves, and which the broad waters of the Loch mirrored like a plain of many-coloured lights, broken here and there by the dark wooded islands rising out of the water. Long after painting became impossible the waters remained a sheet of glorious light and at last we heard again the splash of the oars and got into the boat not unthankful that the darkness precluded criticism of our efforts, for what could we hope for in the matter of encouragement on hearing the tidings that four rods, and among them that of the champion fisher of Loch Leven, had accounted for but one trout. But truth to tell, in these summer days, criticism will count for little to sable head or you, it will be all one whether to your elbow comes the Irish gipsy with his "Eh, bonny lady, you do paint proper," the mendacious school girl who assures you, "It's bonnier than the garden itself," another with cousinly candour offering the advice, "Never mind if its not like *that* tower, it will be like *some* tower," or the farmer who detects the absurdity of your having ventured to draw but a few sheep on what he can vouch is a twelve-acre field, or who by mild innuendo suggests that, however ornamental a tumbledown fence may be to your picture, it is not to his credit that you should so represent one he has really kept in reasonable repair. Of them all, the severest critic will be yourself and, if truth compels you to the conviction that the results before you are not all that you had hoped, it matters not at all, for there still remains sable head with elusive promises that "to-morrow or next day" you will accomplish something beyond washing in just a little memory of summer sunshine.

I. M.

MARRIAGE.

On August 28th, Miss Cornelia Cave Browne-Cave was married to Mr. Collett at St. Cyprian's, Dorset Square. Mrs. Collett is a very popular member of the R.B.N.A. and has a seat on its General Council and Executive Committee. A wire was sent to the happy pair conveying the good wishes of the Corporation.

APPOINTMENTS.

Miss S. MacBride has recently been appointed Lady Superintendent of the new Health and Welfare Department at the Dewhurst Cotton Mills. That she is eminently suited for such an appointment is shown by the fact that she was chosen out of five hundred applicants. Miss MacBride has specialised in the administrative side of public health work for many years. Some months ago, when she was appointed to organise a Health Department in connection with Messrs. Robinson's works at Chesterfield, we gave a short account of her career and mentioned the very important appointments which she has held both in the hospital world and in public health work at home and abroad. Miss MacBride is an exception to the proverbial "Rolling Stone" for there are few lands in which she has not laboured and yet, in spite of a wayfaring life, she has gone forward with each new venture.

Previous to going to the Provinces from an administrative post in London she was well known as a lecturer on nursing and kindred subjects in the metropolis.

Miss Edith Newsome has been appointed Matron of Fairfield Sanatorium near York. Miss Newsome is a very energetic and capable organiser and, during the war, was Matron of a large Military Hospital. She finds time, in her busy life, to take a keen interest in all that affects her profession and is a clever writer and lectures on subjects connected with Nursing and Hygiene.

CORRESPONDENCE.

Whilst welcoming communications from its Members the Corporation does not hold itself responsible for individual expressions of opinion.

TO THE SECRETARY, R.B.N.A.

DEAR MADAM,—I see that the College and its paper are appealing widely to nurses to design a coat of arms and badge for it, and they are offering prizes for the best design sent in.

What about that surfeit of ideas with which the lady at the Manchester Conference was burdened? A cuckoo, a parrot or even a chanticleer himself would be quite appropriate for the coat-of-arms, and, for once, something original. Anyhow, I am glad that they cannot imitate our crest as they have copied so many of our ideas.

Yours truly,

M. NASH.

Emsworth, Hants.

[Presumably our correspondent refers to Edmond Rostand's "Chantecler." Those who desire to know more of this egregious and vain-glorious bird should read the chapter devoted to him in "A Bundle of Memories," by Henry Scott Holland].

ISABEL MACDONALD.

Secretary to the Corporation.

10, Orchard Street, London, W.

THE RANYARD NURSES.

The Report of the Ranyard Nurses (the Nursing Branch of the Ranyard Mission, 25, Russell Square, W.C.1) is always interesting, and that for 1918, just received, especially so. After referring to the anxieties and excitements of the war it continues:

"We cannot review the year without referring first to the epidemic which swept the world and was most acute in London during the autumn months. It almost made one despair, for do what we would in certain cases, once the disease got a hold in its worst form no nursing seemed of any avail. There were many tragic instances of children left orphans, young men home on leave who had passed scathless through the war succumbing to this plague, mothers dying with their babies yet unborn. Yet it was just nursing which, in other cases, saved the situation. From most nurses came the same tale of the very long hours, and many patients, of whom only the most urgent could be assisted, but all did what they could. Several of our own staff were ill, and one—Nurse Wells—laid down her life in this service. Nurse Wells had endeared herself to everyone during the ten years of her district work in Wandsworth, and is greatly missed. It is only little by little that we hear of all she did for her people, and learn of all the sympathy and devotion which are needed, in addition to skill, to make an ideal district nurse. We give thanks for yet another who has witnessed to the high vocation of the nursing profession.

"The epidemic has served to emphasise again the need for district nursing—and we hope that those who find it impossible to obtain private nurses will look with more sympathy on those districts where, even in normal times, no nursing help is yet available. . . .

"In the early days of 1915, when the Zepelins first visited North London, Nurse Reed was the first to make her way over the debris to visit the old folk in the Bakers' Almshouses, where considerable damage was done and a good many of the inmates terribly alarmed and several injured. She wondered how she could scale the wall, but, like Peter of old, she found the door opened before her by the force of the explosions. None of the Nurses were injured by the raids, though often in the midst of damaged areas and able to assist many a victim in the days that followed, even if not actually at the time. It is difficult already to remember that it is only since Whitsuntide that London has been free from these terrors.

"The long strain has told on many, it has not been easy to continue the work, and many deserve great praise for the way they have persevered, perhaps especially the older ones, who returned to take their share of the country's burdens in this way. The work has not only involved nursing, but a very true sharing of the sufferings, the anxiety, the sorrow of others, especially those who have lost loved ones in the war."

APPOINTMENTS.

MATRON.

Westhulme Infectious Diseases Hospital, Oldham.—Miss Mary Agnes Graham has been appointed Matron. She was trained at Beckett Street Infirmary, Leeds, and had been Matron at Calverley Moor Hospital, Huddersfield, and Home Sister at Bradford Fever Hospital.

HOME AND NIGHT SISTER.

Royal Berkshire Hospital, Reading.—Miss Alys N. Hatton has been appointed Home and Night Sister. She was trained at the Royal Salop Infirmary, Shrewsbury, and has been Sister at the General Infirmary, Macclesfield, Night Sister and Ward Sister at the General Hospital, Walsall, and the Miller Hospital, S.E.

Miss Vera Hollick has been appointed Home and Night Sister in the same institution. She was trained at the General Hospital, Cheltenham, and has done district work in Canada, and has also held the position of Sister at the Alexandra Hospital, Queen Square, London, in the Children's Ward at the Salisbury County Hospital, and in a Military Ward at the Royal Victoria Hospital, Boscombe.

SISTER ANÆSTHETIST.

Norfolk and Norwich Hospital, Norwich.—Miss B. H. Daniels, R.R.C., has been appointed Sister-Anæsthetist. She was trained at Guy's Hospital, S.E., and worked on its private nursing staff for four years, after which she was Sister, in the Ophthalmic, Throat, Ear and Orthopædic Wards. In 1914, she joined Queen Alexandra's Imperial Military Nursing Service Reserve, and went out to France, where she worked as Ward Sister, Home Sister, Night Superintendent, and for the last year as Sister-Anæsthetist.

SISTER TUTOR.

Queen Mary's Hospital for Children, Carshalton, Surrey.—Miss Margaret Sophie Riddell, R.R.C., has been appointed Sister Tutor. She was trained at St. Bartholomew's Hospital, London, and subsequently was Holiday Sister and Night Sister at the Royal Hospital for Sick Children, Edinburgh, Assistant Matron at the Chelsea Infirmary and at the Royal Hospital for Sick Children, Edinburgh. From 1915 to 1918 she was Matron of the Scottish Section, No. XI Stationary Hospital in France. Miss Riddell has had some experience in teaching, having delivered a course of lectures to Red Cross Nurses at the South-Western Polytechnic Institute.

THE PASSING BELL.

We regret to record the death of Miss Sybil Reece, R.R.C., who was drowned while bathing in the Glaslyn Estuary. This is the second fatality of a similar nature which has occurred to nurses quite recently.

A HAPPY PICTURE OF FAMILY LIFE.

Is not this a Happy Picture of Family Life? We do not know which is the most satisfactory of the trio—daddy, mummy or baby. But we believe that we shall all agree in saying the magnet of the group is undoubtedly Baby—Baby with a big B. Why, mother and father are actually asking us: "Did you ever see such a charming Baby as our Baby?"

Shall we tell you a secret which you must not on any account divulge, lest it should come to Baby's ears. Well, it is this:—

This very nice daddy and mummy are not little Dolly's real parents. They have no children of their own, so they asked certain guardians if they could have one of the little ones from the nursery of the Union.

No chance of Dolly becoming a little machine, for she is now the centre of a home. She is already quite vain and takes a most unbecoming interest in her pretty hair-ribbons and little white shoes.

How kind the nurses were in the nursery, but they had to attend to the feeding of nearly thirty little children at once.

Now Dolly occupies the place of honour on daddy's knee and demands tit-bits from his plate. Mummy has to get quite annoyed with him on account of his "spoil" ways, and pretends to correct the little lady when his back is turned; but we suspect that it ends in her kissing the little pink toes in an ecstasy of possession.

Is not this a theme without words on what is known in the chill language of the Poor Law as the Boarding Out System? May it develop and prosper. The care of good men and women for the little "stranger within the gate" is one of the most beneficent works of the present day.

P. L. G.

THE GLAXO MOTHERCRAFT EXHIBITION.

ON VIEW AT THE NORTHERN NURSING MID-WIFERY AND WELFARE EXHIBITION, MANCHESTER.

The Glaxo Mothercraft Exhibition has been revised and added to since having been shown in London, Liverpool, Leeds, Sheffield, Coventry, Bristol, and other towns.

This exhibition is of particular interest to those

members of the Nursing Profession whose time is chiefly spent in preventive work—those Health missionaries who teach mothers how to guard their children and themselves from illness. The Glaxo exhibition shows—in a clear, practical way that grips—not only what to do for Baby, and how to do it, but also those things that should be avoided.

School nurses, Health Visitors and others who wish to give "health talks," will glean from this exhibition many new ideas, and learn new ways of bringing home to their audiences the truths they wish to impart.

WOMEN IN THE LEAGUE OF NATIONS.

In view of the importance of Article VII of the League of Nations Covenant, which provides that "all positions under or in connection

with the League, including the Secretariat, shall be open equally to men and women," women's societies are considering the best methods of securing the representation of women in the League. With this object in view a number of societies which met together in July are, as we have already announced, calling a Conference as far as possible representative of all organised bodies of women likely to be concerned. The Conference is being held at the Caxton Hall, Westminster, on Thursday, September 4th, at 10.30 a.m. and 2 p.m., and



A HAPPY FAMILY.

resolutions suggesting various schemes for national and international organisation with a view to securing the representation of women in the League will be discussed.

The Sub-Committee appointed to make arrangements for the Conference consists of representatives of the following societies:—Catholic Women's League, National Council of Women of Great Britain and Ireland, National Union of Societies for Equal Citizenship, National Women's Citizens' Associations, Standing Joint Committee of Industrial Women's Organisations, Women's International League and Women's Local Government Society.

BOOK OF THE WEEK.

"THE TASTE OF APPLES."*

This story is quite charming in its own way. It relates how an old American shoemaker and his wife went on a visit of several months to England, and the experiences of Mother and her gentle imaginative husband are described by a sympathetic pen.

The writing is appealing and full of delicate humour and pathos. The introductory passages give the picture of Anthony in his shop.

"The shoemaker's long fingers pulled at the string and tore aside the paper—a pair of girlish slippers lay in his hand.

"Can they be mended, Mr. Wickham?" the girl asked quickly."

The shoemaker stood considering the worn things. The flickering gaslight, as he bent over them fell full upon his face. The eyes followed the line of the shoes, and touched them here and there—then he turned and looked at the girl. "Never too late to mend," said the old man smiling, and fingering the shoes as if their very frailties pleased him. He carried them across to his bench, and the girl went out. The shoemaker did not look up; his eyes were on the shoes in his hands, studying their possibilities . . . he was deaf to the world." What a charming picture of devotion to work even though it be an uncongenial one—for Anthony was not of common clay, all his life he had sighed in secret for a full existence. "Thirty years he had waited, stitching his vision into leather and thread and now, on this particular night the great world door swung softly open before him."

We must explain how this happened. Anthony had an only son John. It was for his boy's sake that he had denied himself a more congenial life, and had plied the trade that brought in the means to give John a chance in life. John had made the best of it and had prospered exceedingly. And now on this evening there had come a letter from him pressing Anthony and Mother to come to England for a year's holiday. Freedom for gentle wistful Anthony, but not so for bustling Mother.

"She was a little woman, barely reaching to the shoemaker's shoulder, when she stood still beside him for a moment; but when she moved she seemed to rise on little springs."

She did not take kindly to the idea of going to Europe.

"Was his apple pie right?"

He nodded slowly, "Just right Mother."

A little smile quivered on her face "You know I shouldn't like it, don't you Anthony—going abroad?"

"It takes time—to get used to going abroad." He was looking wistfully at the letter.

"I shall stay right here," she said, and save the money, you can go," she added, looking at him.

But mother was really a sporting little woman and it wasn't likely that she would stand in the way of Anthony's pleasure or let him go without her. Once she had surrendered, she took entire charge of the campaign.

"You take care of the shop," she said, fairly bustling him out, "I'll see to things here."

The assistant, perhaps, has a right to be discontented. The repairs poured in, everyone wanted their shoes done before Anthony's departure. "You couldn't finish them by Christmas, not if you worked nights," said Samuel resentfully.

"I'm picking out the worst ones," said Anthony. "These slippers now I've mended these twenty years I should think; first tops and then bottoms, and then tops and bottoms both."

Mother in London is quite delightful. She had suffered from homesickness as well as sea-sickness on the voyage, but Anthony never saw the tears. At first she did not take to the idea of exploring the metropolis. Though it was May and fine, she insisted on remaining indoors to alter her husband's winter coat. You can't tell what you may need in London; it's different. I haven't had such a good time to sew in years," she said, slipping on her thimble and plunging into work. Though she tolerated the city for Anthony's sake, she could not get quite reconciled to it.

Of course, the story would not be complete without the introduction of a trained nurse and there is nothing to object to in Nurse Timberlake, if only she would have devised some other means of cooling her patient's gruel than "by blowing it a little." She really ought to have known better as she was the niece of a peer, in addition to being trained. But it is ungrateful to find fault with her, and when she inherited her castle and a great deal of money, both most unusual in the profession, she married Wallace Tilton, to whom mother was very partial.

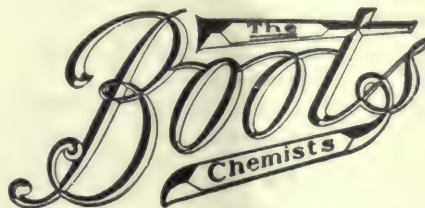
If parts of the book are improbable, what of that, as, after all, probabilities are generally very dull, and a lively imagination has saved this book from being anything but dull. H. H.

WORD FOR THE WEEK.

Be slow to undertake a thing; but, once undertaken, go through with it.

* By Jeanette Lee. (Skeffington & Son, Ltd.)

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LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES MUST BE ALERT AND WATCHFUL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice there is a protest in your issue of August 23rd by a correspondent who evidently distrusts the present activity of the British Red Cross Society in its endeavour to compete with the Ministry of Health.

However, since we have at last succeeded in gaining this urgent reform, in spite of strenuous opposition from people who considered that the National Health should be left to the care of voluntary societies, I think we may regard the petition of the B.R.C.S. with equanimity.

It is one thing to "organise examinations and grant certificates," but quite a different thing to get the people who appoint the officials to recognise the certificate.

But, just because of this attempt to make the training of Public Health Nurses as precarious as lack of standardisation makes that of the Hospital Nurse, I think all Public Health Nurses should welcome the scheme announced by the Minister of Health, which allows for improving the standard, or classifying for the different departments as the work of the Ministry grows. The one great point we should welcome is that we *shall* have a standard; that, as in other professions, the pupil must be of good education and will receive theoretical training first, and then practical training on a good foundation.

Nothing could raise our status more than the advent of standard qualifications (whatever they should be) with such a good foundation as suggested by Dr. Addison.

I should like to remind "Trained Nurses in Public Health Work" that in the eyes of the Government there is no such thing as a "trained" nurse, and although they have succeeded in gaining the approval of medical officers for the certificated Hospital Nurse, in lieu of one specially trained for the work, they would do well now to regard themselves as pioneers. There are quite enough nurses in the Service who are competent to give the practical training that will assist Dr. Addison to carry out his admirable scheme for a National Nursing Service.

I claim that we have reached a new era in nursing in which preventative work will be fundamental. The old era closed with the suicidal action of Nurses who supported the wreckers of their own Bill for emancipation.

Serfs they are; serfs they have always been; and serfs they will be. Who wishes to be irrevocably chained to such serfdom? Since they did not, or could not, lead the way, an opportunity is ours as a section, we must grasp it.

Whose fault is it that there is no standard of nursing which the Minister of Health could accept as a foundation for his nursing service? Obviously it reflects upon those who prevented us having a State Register, but the fact remains the same—we are without it.

I suggest that the pioneers of the new era look to themselves since the octopus of the "Halo" and "ministering angel" fame is sending its tentacles in their direction. We do indeed need to be "alert and watchful" until this monster has succumbed to the force of Progress and is buried in the growth of the new era.

Yours faithfully,

ONWARD.

KERNELS FROM CORRESPONDENCE.

Old Guard:—"I am desperately disappointed that after such bright prospects the Session has passed without our Bill receiving the Royal Assent, and cannot understand the action of the Council of the College of Nursing, Ltd., in wrecking it. Its members have repeatedly and publicly stated that there was no difference in principle between us, only in matters of detail, but that they considered their Bill more likely to get through than ours. Well, our Bill got its chance, and proved triumphantly that they were wrong. It passed its second reading with what one Member of Parliament (I was present) called a unanimous chorus of approval. Representatives of the different parties got up, and warmly supported it, and there was not even a division. Then it passed through Committee with agreement between the members representing the interests of the Central Committee and the College, and with the assistance of the Minister of Health. All seemed well. Then the Council of the College let loose the vials of its wrath. Its attitude was, If we can't get our own Bill through, no other Bill shall be passed. Let the sick suffer, let the nurses suffer. The Central Committee's Bill shan't go through. Let us waste the precious minutes of its Report Stage. Let us circularise every member, and order her to get Members to wreck the Bill, and they did. But what a contemptible policy, and what a pitiful exhibition! What a spectacle for the world at large!

"'Dilly, dilly, dilly, come and be killed,' said the Council of the College to their members, and they flocked into the slaughter-house. They got what they deserved."

OUR PRIZE COMPETITION.

QUESTIONS.

September 13th.—In what circumstances may delirium arise in cases of infectious disease? What form may the delirium assume? What precautionary measures may have to be adopted?

September 20th.—What are the causes of spinal caries? How would you nurse a case of this kind?

September 27th.—What is hyper-pyrexia? What means are available for its reduction?

The Midwife.

CENTRAL MIDWIVES BOARD.

LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives Board, held on August 1st 1919, in London and the Provinces, 560 candidates were examined, and 465 passed. The percentage of failures was 17.

LONDON.

Camberwell Union Infirmary and General Lying-in Hospital.—H. Osborne.

City of London Maternity Hospital.—E. M. E. Carter, K. Haig, C. A. Howie, J. Inglis, M. G. McNaught, H. M. Pain, E. M. Parrott, G. F. Peach, J. C. Steedman, S. Stockman, M. A. Swann, L. Vasey, A. E. Westerman.

Clapham Maternity Hospital.—E. J. Anstis, I. M. Atkinson, H. A. Barnes, E. M. Gilbert, M. E. Hill, E. R. Perry, E. A. Robinson, C. E. Simpson, M. A. F. Smith, E. P. Weston, A. E. Westwood, M. B. Wilson.

East End Mothers' Home.—M. Batey, M. A. Bentley, W. Butler, A. Dickinson, B. Green, A. Knox, M. R. Phillips, J. K. Sinclair, I. Smith, F. M. Thompson, M. L. Warner.

Elizabeth Garrett Anderson Hospital.—A. Clegg.

General Lying-in Hospital.—H. E. Bailey, A. Bassett, E. N. Boaz, M. W. Campbell, M. Culleton, D. I. Dottridge, M. Duckering, W. M. Gibbons, G. G. Gould, M. H. Hale, E. D. Harrington, M. E. Hawkes, P. J. O. Hunt, V. M. Jackson, F. B. Johnson, M. E. Lander, R. Lothian, C. E. W. McNair, A. F. Middleton, K. L. Miller, E. C. Murray, M. M. Nairne, L. E. Nicholas, F. C. Oliver, Y. S. Pilkington, B. M. Pinner, E. Rumbold, E. M. Sharp, D. M. Tulley, H. Wilson, E. S. Wyly.

Greenwich Union Infirmary.—M. John.

Guy's Institution.—E. R. Ferguson, J. M. Ferguson, A. S. McKittrich.

Hackney Union Infirmary.—E. Phillpot.

Kensington Union Infirmary.—M. Richards.

London Hospital.—W. R. Grant, M. Grimble, M. A. James, E. E. Kelley, M. E. Poppleton, C. E. E. Roberts, M. E. Tallentire, E. Van Weede. *Maternity Nursing Association.*—B. Adams, M. Andrews, J. D. Birch, I. H. Cropper, E. L. Evans, R. E. Farmer, C. E. Jones, H. A. MacDonell, J. Middleton, E. Moulden, M. M. Richards, F. A. Smith, J. D. C. W. Verkyk.

Middlesex Hospital.—H. S. Brooks, M. M. Foulds, M. M. Lambert, M. M. Moss, R. A. Parker, R. R. Righton, P. Staggs.

Plaistow Maternity Charity.—Nora M. Barker, D. M. Bond, A. Brain, M. Branwick, A. G. Brown, E. M. Carter, E. M. Chaplin, E. Clarke, E. L. Farthing, E. R. Foote, M. E. Gillett, A. B. Gilliland, A. Grant, M. Gunther, A. H. Hand, E. A. Holden, E. Horn, A. E. Johnson, D. A. Jones, F. M. Jones, M. Lowndes, L. R. Martin, M. Morris, E. E. Noren, F. M. Owens, C. Parry, G. Pierce, M. M. Plucknett, M. M. Price, I. Rae, S. R.

Robinson, D. E. Rogers, E. Skerritt, A. Stanley, D. E. Steward, D. M. Wallis, D. M. M. White, G. Wilson.

Queen Charlotte's Hospital.—A. L. M. Abbott, A. Abbott, M. Bonnell, M. A. Bovey, E. E. Bryan, E. Carter, D. J. Cooper, R. B. Cripps, C. M. Dingle, R. G. Fanning, F. Fowler, A. H. Garnish, E. M. Gosling, D. E. Hardy, M. Housby, D. Jenks, M. E. Kershaw, M. J. King, A. B. Lester, E. A. Minifie, M. Murray, L. E. Perkins, E. G. Sanders, M. M. Seymour, E. Smith, E. G. Smith, M. F. H. Smith, N. K. Smith, M. G. Temple, C. L. Thomas, M. Wheeler, D. G. M. Wolfe.

Salvation Army Mothers' Hospital.—A. F. Butcher, E. B. Cook, E. D. Digby, A. Evans, A. Futter, F. L. Spinks, E. M. Stacey.

Shoreditch Union Infirmary.—E. R. Tait.

St. Bartholomew's Hospital.—I. Moller, H. W. Sutherland.

St. Marylebone Inf.—E. E. Hobday, L. F. Welton.

St. Thomas' Hospital.—S. M. I. Powell, H. Viney.

University College Hospital.—M. L. Harlock, N. L. Maggs, K. I. Parker, E. G. Polhill.

West Ham Workhouse.—M. E. Marsh.

Whitechapel Union Infirmary.—M. S. Noton.

PROVINCIAL.

Aldershot, Louise Margaret Hospital.—E. G. Young.

Aston Union Workhouse.—M. A. Macadam, B. Nixon, M. A. Sandall.

Birkenhead Maternity Hospital.—J. Beattie, M. F. Casey, A. Jennings, A. McGrath, H. Moore, E. J. Small.

Birmingham Maternity Hospital.—M. M. Buckley, E. J. Cowell, E. L. Douglas, H. Edmonds, E. Howatson, F. M. Jones, M. A. Jones, E. M. McDonald, M. E. Riding, M. E. Roe, D. H. Sands, M. Sheppard, H. E. Stinchcombe, C. G. Tucker.

Birmingham, Selly Oak Infirmary.—B. Smith. *Bradford Union Hospital.*—F. Clough, S. E. Rothwell.

Brentford Union Infirmary.—E. Lodge.

Brighton Hospital for Women.—M. Campbell, H. M. M. Cole, R. C. Gregory, B. Hobbs, M. C. du P. Hood, C. M. Kelly, E. K. Langton, E. Lumb, S. M. Van Hollick, E. W. Young.

Bristol, Eastville Infirmary.—C. A. Maule.

Bristol, Eastville Workhouse.—E. M. Slavin.

Bristol, General Hospital.—A. B. Baker, S. M. Lee, W. E. K. Long, E. M. McLean, J. M. Saddler, C. J. Wood.

Bristol Royal Infirmary.—E. M. Carlisle, M. J. Devlin, A. G. Hybart, M. Jenkins, G. P. Kennedy, E. Maydon.

Cheltenham District Nursing Association.—E. Brammer, A. Garton, M. A. Hill, I. Malkinson, C. O'Connor.

Derby, Royal Derbyshire Nursing Association.—G. E. Abbott, C. Ashton, A. Brown, E. M. Fox, A. Hadfield, A. E. Heppell, E. H. Jeffries, M.

Unsworth, H. M. Twigg, A. F. Waller, M. E. Wilson, H. C. Q. Wright.

Devon and Cornwall Training School.—E. L. Goldsworthy, J. Hollands, E. A. Luckes, N. R. Moyse, H. de l'E. Tonking.

Devonport Alexandra Nursing Home.—G. D. Johnstone.

Devonport Military Families' Hospital.—E. M. Frazer.

Dewsbury Workhouse.—E. Smith, S.H. Whiteley. *Ecclesall Bierlow Union Infirmary.*—L. Ball, E. A. Reeves.

Gloucester District Nursing Society.—L. W. Noble, N. St. C. Ryan, E. K. Spencer, A. M. Staley.

Herts County Nursing Association.—F. J. Baillie, H. Creasey, B. Grigg, A. A. Norman.

Hull Lying-in Charity.—T. Anderson, A. Calvert, I. Clark.

Hull Municipal Maternity Home.—L. Gill, E. Tumman.

Hull Infirmary and Hull Municipal Maternity Hospital.—E. E. Whitfield.

Kingston-on-Thames Infirmary.—V. H. Brown. *Kingswood D. N. A. and Worcester County Nursing Association.*—N. O. Pope.

Leeds Maternity Hospital.—M. M. Barlow, A. Bedford, C. Bell, B. Clarke, S. G. Creasey, H. Cross, D. O. Greaves, E. F. Greenwood, M. J. Harding, N. Harris, M. Hart, M. A. Hodgson, F. Hoyle, B. E. More, M. Newbould, M. Oliver, A. Parker, E. Raspin, E. Richards, A. Scott, D. Stead, F. A. Valentine, A. Astley.

Leeds Union Infirmary.—W. J. Bailey, O. M. Snowden, M. Williams.

Leicester Maternity Hospital.—H. E. Hartley, S. Prescott.

Leicester Union Infirmary.—A. Dexter, H. G. Fudge.

Liverpool Maternity Hospital.—J. Aitchison, M. Burrows, E. A. Chapman, M. Clague, H. M. Cunningham, A. Doxey, A. E. Garrett, M. Harrison, E. Higginbotham, M. J. Higgins, F. C. Holmes, E. Hughes, E. Huxley, Z. Meal, M. M. Nickson, K. C. W. Rawlins, E. Slater, M. Stockwell, E. Sunderland, E. S. Taylor, H. Walker, A. Whiteley.

Liverpool Workhouse Hospital.—I. Miller, M. A. Walton.

Manchester, St. Mary's Hospitals.—C. E. E. Crompton, E. A. Morton, G. M. Ollerenshaw, H. A. Price, H. Sheen, E. Stott, G. Williamson.

Manchester Workhouse Infirmary and St. Mary's Hospitals.—E. Robinson.

Newcastle-on-Tyne Maternity Hospital.—H. Blair, H. Carter, E. S. Laidlaw.

Northampton Q.V.N.I.—E. Carradice, H. C. James, A. Pepper, S. Sandwith.

North Bierley Infirmary.—C. Davy, G. M. Schofield. *Nottingham Workhouse Infirmary.*—E. M. Davis, S. Owen, E. G. Pike.

Portsmouth Workhouse Infirmary.—K. Page.

Sheffield Union Hospital.—M. Cole, E. Dickinson, C. J. Geeleher, H. Jones, E. M. McFarlane, A. Wolstenholme.

Sheffield, Jessop Hospital.—I. E. Corbet, S. E. Drabble, E. Dronfield, E. A. Hudson, E. E. Moody. *Staffs. Training Home for Nurses.*—G. Brown, F. M. Doyle, P. Hadley, F. M. A. Hunt, A. M. Northmore, M. Thomas.

Steyning Union Infirmary.—A. J. Spreadbury. *Wakefield Union Infirmary.*—M. E. Elvey.

Walsall Workhouse.—L. Mayer, E. M. Westwood. *Walton, West Derby Union Infirmary.*—I. Gourley, E. Hodson, M. R. G. Miller, E. Shea.

West Riding Nursing Association.—H. M. Bottomley, B. E. Carr.

Wilts Nursing Association.—E. A. Palmer, H. M. Todman.

Wolverhampton Union Infirmary.—G. N. McDonald.

Worcester County Nursing Association.—H. Bourne, A. S. Brown, E. Hodges, B. M. Hopkins, M. Poynton, A. E. Rea, E. K. Shaw.

York Maternity Hospital.—E. E. Clark, A. Gibbon.

WALES.

Cardiff, King Edward VII Maternity Hospital.—G. M. Davis, M. E. Thorn.

Cardiff, Q.V.J.N.I.—A. B. Earp, O. Lewis, C. Morgan, R. G. Rawlings.

Cardiff Union Hospital.—F. Williams, H. J. Williams.

Monmouthshire Training Centre.—H. M. Foot, G. N. Jones, H. M. Jones, E. M. Lewis, C. A. Rees, L. M. J. Thomas.

Monmouthshire Nursing Association.—C. Manning.

Swansea D. N. A.—C. Evans, M. Excell.

SCOTLAND.

Edinburgh Royal Maternity Hospital.—G. M. Davis, G. A. G. Rogers.

Glasgow Royal Maternity Hospital.—L. J. Sanderson.

INDIA.

Bai Motlibai Hospital.—C. M. Lake, M. B. Rochfort.

PRIVATE TUITION.

E. M. Ashwell, M. J. Atkinson, B. Bury, L. Edwards, A. Harbert, E. L. Howlett, N. Leek, M. E. Lowe, M. E. Pierce, S. A. Wood.

PRIVATE TUITION AND INSTITUTIONS.

Essex County Nursing Association.—L. M. Abbott, E. M. Clarke, G. Hallworth, B. J. Harrison, M. Munns, S. A. Ratcliffe, A. L. Richards. *Manchester: St. Mary's Hospital.*—R. Bark, L. Maher, A. Shipperbottom. *Jewish Maternity District Nursing Home.*—E. A. Davies. *General Lying-in Hospital.*—E. Daly, E. J. Heath, Y. M. Herbert-Smith, M. R. Statham. *Salvation Army Mothers' Hospital.*—M. D. Ferguson. *Rochdale Union Infirmary.*—M. Holt. *Kensington Union Infirmary.*—A. A. Howells, I. J. E. Nash, C. R. Newbold, M. Parsons, E. C. Peacey, L. Sale. *Coventry Union Infirmary.*—D. M. Jones. *Nottingham Workhouse Infirmary.*—M. M. Mandeville, M. A. Titterton, C. Williamson. *Liverpool Maternity Hospital.*—M. Millington. *Pemberton Nursing Institute.*—A. F. Pugh. *Ilford Council Maternity Home.*—M. E. Roberts.

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Vol. LXII

EDITORIAL.

FROM SICK-HOUSE TO SCIENCE-HOUSE.

There have been some very pessimistic articles in the Press during the past week on the financial condition of the voluntary hospitals; and, indeed, with the enormous cost of upkeep and labour, very serious consideration of the whole question is imperative. We have no fear that these valuable national institutions will suffer in the long run. The sick must be cared for, and the medical and nursing schools kept up-to-date; but evolution from the sick-house to the science-house is taking place, and must be recognised and organised. In the process, no doubt, co-ordination must be effected, and the care of sick people entrusted only to recognised authority. The present system, by which anyone, no matter how ignorant, may inaugurate and govern hospitals, is wasteful, and must be discontinued. Let the Ministry of Health consider the matter, call to its aid the best social, medical, and nursing expert opinion possible, and then deal firmly with the situation. The matter is too serious for further drifting and delay.

THE REPRESENTATION OF WOMEN ON THE LEAGUE OF NATIONS.

The blessed month of August with no meetings has passed; in September we begin to talk again and at the Conference of women's organisations to consider the representation of Women in the League of Nations, held at the Caxton Hall, Westminster, on Thursday, September 4th, the talk was very good.

It is provided in the Covenant of the League that all positions connected with the League, including the Secretariat, shall be open equally to men and women, and the women's organizations propose to submit to the Government a list of suitable candidates for appointment upon the various bodies.

Mrs. Rackham presided. She said that their object was to put into effective action the words contained in the League of Nations Covenant. As

the vagueness of the League of Nations proposals was a challenge to the democracy of the world, so were those words in Article 7 of the Covenant a challenge to women. They desired to make these words effective by selecting women who were most capable of service.

Resolutions urging upon the Government the just demand for representation of women in the Assembly of Delegates, in the International Court of Justice, and in all commissions and other bodies set up in connection with the League, were submitted and passed.

Various schemes for the nomination and recommendation of women representatives were discussed, and a resolution, proposed by Miss M. Macarthur, was ultimately carried to the effect that measures be taken, by a provisional committee, to receive from the organisations forming the Conference, and consider, and, if necessary, to recommend from, nominations of women to be submitted to the British Government and the League Secretariat as suitable for appointment on the various bodies or in the capacities for which the Government or the Secretariat are responsible. The recommendations will be submitted to a further meeting of the Conference.

The proposal to set up, in connection with the League of Nations, machinery for a permanent International Women's Office, with status similar to the International Labour Office, was left undecided. The previous question was moved and agreed, and it was decided, upon the suggestion of Mrs. Ogilvie Gordon, that should the Secretariat of the League propose to establish a Women's Bureau, the draft scheme should be submitted to National Committees of Women, and that the views and recommendations of these bodies should be considered before any such bureau be constituted and given authority.

There should be no difficulty in suggesting names of women well fitted to take part in the International Work of the League of Nations when it is formed.

In the meanwhile, President Wilson is touring the United States in a special train in support of the Covenant of the League, and his opponents in the Senate are "camping on his trail."

OUR PRIZE COMPETITION.

MENTION THE PRINCIPAL BATHS USED FOR HYGIENIC AND THERAPEUTIC PURPOSES, AND THE INSTRUCTIONS YOU WOULD GIVE, OR THE METHODS YOU WOULD ADOPT, TO ENSURE THEIR EFFICIENT APPLICATION?

We have pleasure in according the prize this week to Miss E. O. Walford, Maldon Road, Colchester.

PRIZE PAPER.

The principal baths used for hygienic and therapeutic purposes are:—

1. (a) Cold, (b) cool, (c) tepid, (d) warm, (e) hot, (f) very hot baths.
2. (a) Hot air, (b) vapour, (c) calomel vapour baths.
3. (a) Starch, (b) oatmeal, (c) bran, (d) sulphur, (e) acid, (f) alkaline, baths for skin diseases.
4. Mustard baths.
5. Shower baths in mental cases.

Bath rules.—Temperature of bath should be found with thermometer, *not* guessed. Prepare everything before disturbing patient. Keep within earshot while he is in bath, for fear of faintness. When patient returns to bed see he is warm, if necessary getting a hot bottle and blanket. Do not turn on hot water while patient is in bath. Do not give bath immediately after a meal.

1. *Cold, cool, and tepid baths.* (Temperatures 33° to 65° Fahr., 65° to 80° Fahr., 80° to 95° Fahr., respectively).—Given to reduce hyperpyrexia in typhoid fever, pneumonia, rheumatism. Patient is too ill to step into bath, so that the bath (*tepid*) must be brought to bedside, and the patient, covered by a blanket, lowered into it on a strong undersheet. Reduce bath to temperature required by adding cold water and ice. Have brandy and hypodermics ready in case of collapse. Take pulse and rectal temperature frequently; when temperature is sufficiently reduced (generally 5 to 20 minutes), or if there is shivering, return patient to bed, on which a long mackintosh, covered by a warm blanket is placed; remove wet sheet and watch temperature does not fall too low.

Warm baths. (Temperature 95° to 100° Fahr.).—Given for cleansing purposes. Observe general bath rules.

Hot and very hot baths. (Temperature 100° to 105° Fahr., and 105° to 112° Fahr.).—Given in convulsions; for heart block in heart cases; to relieve pain in renal colic; to relieve difficulty in retention of urine; to induce perspiration in uræmia; to stimulate in collapse; to soothe excitement in chorea and delirium.

Keep bath at temperature ordered, covering it with a blanket and adding hot water as required. On no account leave patient, for fear of faintness. If to induce perspiration give hot drinks. Usual duration 20 to 30 minutes.

2. *Hot-air baths.*—Given to promote perspiration in kidney cases and in chronic rheumatism, also in eclampsia and salpingitis. Roll patient in a thin blanket and place cradle, with electric lights attached, over him. Cover with asbestos sheet and two or three blankets. Tuck in carefully. Give plenty of drinks and watch patient's pulse. Usual duration 15 to 30 minutes. Temperature 140° Fahr. Remove cradle and leave patient in blankets till he has finished perspiring.

Vapour baths.—Prepare patient as above, using cradle without lights. Place a bronchitis kettle over a spirit lamp at foot of bed, and insert the spout from kettle under bed-clothes.

Calomel vapour baths.—Special lamp is necessary. Put calomel (generally 15 grains) in the tin saucer above lamp and fill the groove with water. Prepare patient as for vapour bath, but close to one side of cradle. Place lamp under cradle on other side, taking care not to burn patient or bed-clothes. Leave till calomel has evaporated, usually 20 minutes. Do not rub patient after treatment.

3. *Starch bath.*—Mix starch, 1 lb., with cold water, add boiling water to make a mucilage. Pour into 15 gallons of water at required heat.

Oatmeal or bran bath.—Put oatmeal, $\frac{1}{2}$ lb., or bran, 2 lb., into a muslin bag, and squeeze in the bath till water feels soft.

Sulphur bath.—Add potassa sulphurata 3ij to 15 gallons of water.

Alkaline bath.—Add sodii bicarb., $\frac{1}{4}$ lb., to 15 gallon bath.

Acid bath.—Add hydrochloric acid 3 ij to 15 gallon bath.

4. *Mustard bath.*—Given for collapse, convulsions, croup. Add mustard, 3 ss to 3 i. to each gallon of water. Place mustard in muslin bag, and squeeze in bath water (temperature 103° to 105° Fahr.). Leave patient in bath till skin is pink and glowing.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Adeline Douglas, Miss Anna M. Cameron, Miss Phyllis Damer, Miss Agnes Wright, and Miss Susan Marriot.

QUESTION FOR NEXT WEEK.

In what circumstances may delirium arise in cases of infectious disease? What forms may the delirium assume? What precautionary measures may have to be adopted?

PRACTICAL POINTS.

THE HANDKERCHIEF—A SOURCE OF INFECTION.

It is a remarkable thing that, during the recent little "offensives" of the influenza, so little attention was paid to the pocket-handkerchief as a source of infection. In the organic substance of an ordinary handkerchief, and in the organic catarrhal discharge on it, germs can feed and thrive and multiply, so long as the handkerchief is moist, whilst as soon as it is dry every flourish shakes infectious dust into the air. A dirty handkerchief used—it may be for several days—by an influenza patient is covered with decomposing organic material, and kept at a steady temperature in a warm pocket, is an admirable hot-bed and incubator for the intensive cultivation of microbes.

The public were told to douche their noses and to gargle their throats. They were told to use masks, which are probably as useful as herring-nets to intercept germs either coming or going—which interfere with free breathing and which render the air inspired unhealthy, warm and wet. They were told to avoid crowds, which were probably unavoidable, and they were given other advice, good, bad, and indifferent, and yet nothing was said about that seed-sack of death, the pocket-handkerchief; and no doubt it went on disseminating disease in all directions, for almost no attempt was made to sterilise handkerchiefs in the wash or to guard against the infection of other handkerchiefs. In the circumstances, laundry workers were specially subject to the "flu," and no wonder.

If future epidemics of influenza are to be checked, not only eating utensils but handkerchiefs as sources of infection must be carefully sterilised, not merely perfunctorily washed in water more or less hot. At sanatoria for consumptives, the handkerchiefs used by patients are always soaked in disinfectant before being washed, and during epidemics this should be made a general rule. Further, the public must be taught that handkerchiefs, like bandages, should be changed as soon as they are soiled, and that a dirty handkerchief is not only aesthetically objectionable, but a source of danger both to the owner and to the community.

It must be noted, too, that under certain conditions the pocket itself is liable to become septic and infectious. The writer has demonstrated microbes in the handkerchief pocket of consumptives. So that in times of pandemic and epidemic it will be a good thing to sprinkle both handkerchief and pocket with some volatile disinfectant in addition to taking further

measures thoroughly to sterilise both. And if people can be persuaded to use paper handkerchiefs, and to burn them as soon as soiled, that would be a still more effective means of combating infection. Whatever practical measures be taken for the purpose, it is certainly necessary to pay more attention to the sterilisation of pocket-handkerchiefs.—*From "Una."*

STERILISING CATHETERS.

A writer in the *Urological and Cutaneous Review* says: "In sterilising catheters by boiling, do not drop them into the water until it has reached boiling point. Take them out as soon as the purpose of the boiling has been served, and do not let them remain indefinitely in other solutions. Suspend them as soon as you are through with them. Thus can you prolong the catheter's life."

WAR MEMORIAL

TO OUR NURSES WHO HAVE SACRIFICED THEIR LIVES FOR THEIR COUNTRY.

It is announced that a Committee has been formed to promote a War Memorial to the Nurses who fell in the war, who were members of Queen Alexandra's Imperial Military Nursing Service and Reserve, the Territorial Force Nursing Service, Assistant Nurses and Special Military Probationers. Subscriptions towards the Memorial are invited from past and present members of the above services, and it is suggested that subscriptions should be limited to two days' pay of rank. Any past member desirous of subscribing is asked to forward her full name, address, and subscription which should be designated "For Military Nurses War Memorial Fund," to Messrs. Holt & Co., 3, Whitehall Place, London, S.W., who have consented to act as bankers of the fund.

Every nurse will wish to commemorate the sacrifice of life for their Country of those colleagues who died on active service, and the Memorial should be Imperial in character and free from all association with the numerous charity schemes for the living, which have given such offence to the self-respect of the independent section of the Nursing Profession. We advise nurses to write for full particulars, as to the Committee, and the form the Memorial is to take, to the Matron-in-Chief, Q.A.I.M.N.S., Adastral House, London, E.C.

NATIONAL INSURANCE.

Nurses of all ranks whose income is not £250 a year must now insure. Naturally many holding high professional rank will prefer to insure in a professional Nurses' Approved Society, managed entirely by members of their own profession. We advise such nurses to apply to the Secretary of the Trained Women Nurses' Friendly Society for information at 431, Oxford Street, London, W. 1.

RE-KNITTING BROKEN INTERNATIONAL THREADS.

AN INVITATION TO ATLANTA NEXT APRIL.

Miss Lavinia L. Dock, R.N., Hon. Secretary of the International Council of Nurses, sends us the following statement for publication:—

"The Board of Directors of the American Nurses' Association, by an action taken at their meeting in Chicago, on June 27th, are inviting the Executive Committee of the International Council of Nurses, to meet with the three American national bodies: viz., The American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, at their next regular meetings at Atlanta, Georgia, in the early part of April, 1920.

The Executive Committee of the International, consists of the honorary and elected officers, for the current term, of each national association or council in membership. If these officers could meet with us, or if even a few of them could be present, it would give an opportunity for going over the international situation and laying plans for a gradual re-knitting of broken threads.

The new developments of world-nursing in connection with the vast projects for public health conservation, recently put forth by the Red Cross, and the intimations put forth by high officials of the Red Cross, that the new activities shall not only be directed toward public health nursing, but toward the extermination of war, suggest to us the possibility of our International Council being overshadowed by larger international meetings in which, as nurses, we shall wish to take an active part; for it is clear that all this extension of public health work will mean that nurses must be active co-partners, on a full equality with other members of the new Red Cross International. But while we may be overshadowed, at least for a time, with every one still full to the brim of their all-absorbing war activities and those arising out of the war, we must not let ourselves be undermined.

We must remember that the original and foremost aim of the International Council of Nurses was to help and encourage in every country the growth of *self-governing societies of nurses*. This will not be accomplished until every country has free nursing associations. The extension of woman suffrage in Europe has brought this aim much nearer, but there is still work for our International to do before it may allow itself to be absorbed by bigger forces, however good they may be."

Miss Dock adds, "Atlanta will be a charming place at which to meet. We can there have a pleasant Executive Council meeting and talk over plans for future congresses. The officers of the National Associations are, I believe, going to send out their own personal letters to our National members, laying especial stress on the educational conferences to which they hope you will add your voices, and I think probably the Public Health Nursing people will also want you all for special things."

This invitation will be placed before our National Council of Trained Nurses of Great Britain and Ireland at its annual meeting early in November, when it is to be hoped that we shall find means of being represented at the very important meeting at Atlanta next April, when once again the important work of the International Council of Nurses, which has borne such good fruit in the past, may make its influence felt in nursing circles throughout the world in promoting good fellowship in our ranks, and uplifting our work for the benefit of humanity.

THE LEAGUE OF RED CROSS SOCIETIES.

The League of Red Cross Societies, with head quarters at Geneva, now issues a very useful bulletin. No. 2, June 1st, is devoted to the proceedings of the Medical Conference held at Cannes last April, some report of which has appeared in this journal; and we shall from time to time keep our readers acquainted with the work of the League. THE BRITISH JOURNAL OF NURSING, as one of the principal organs of the International Council of Nurses, has for the past twenty years encouraged a wide and sympathetic international attitude, where health and nursing were concerned, and now that we are again at peace, we shall revert to our former policy so far as possible. The League of Red Cross Societies appointed sections at Cannes to prepare reports in specific subjects which were constituted with the following chairmen:—

Venereal Diseases, Dr. Ducrey; Child Welfare, Sir Arthur Newsholme; Tuberculosis, Dr. Calmette; Malaria, Professor Laveran; Nursing, Miss Julia Stimson.

Resolutions were adopted in the various sections outlining the programme recommended in their fuller reports, all of which are of great value. The following resolutions were recommended by the Nursing Section.

RESOLUTIONS OF THE SECTION OF NURSING.

Because of the impossibility of assembling at Cannes a sufficiently representative number of nurses qualified to make pronouncements on the functions of trained public health nurses in the

programmes to be developed by the Association of Red Cross Societies, the Section on Nursing offers the following resolutions which, it is requested, be considered as preliminary to a more complete series of resolutions and recommendations to be presented at a subsequent time. Recognising the importance of adequate training of nurses to enable them to perform their part in carrying out the various programmes for the education of the people in matters relating to health and sickness, particularly in their homes, we recommend the following:—

I. *Resolved*: That the Health Bureau collect, analyse, publish and distribute information pertaining to nursing and women's work in public health, *e.g.*, relating to such subjects as Tuberculosis, Child Welfare, the Prevention of Blindness, Pre-natal Care, Social Service, &c.

II. *Resolved*: That propaganda be undertaken as soon as practicable in those countries where trained sick nursing and public health nursing are not as yet developed, to encourage the establishment of training schools for nurses.

III. *Resolved*: That suitable personnel for instruction both in the care of the sick and public health nursing be sought and trained so that such personnel may return subsequently to their own countries qualified to inaugurate and direct movements for the establishment of training schools and for the training of nurses.

IV. *Resolved*: That a system of scholarship be established to make it possible for trained nurses to receive the necessary supplementary education to qualify them as public health nurses and teachers.

V. *Resolved*: That information in regard to the importance of public health nursing and the lack of adequate facilities for their training be widely disseminated; that there be widespread information so that the courses of training in existing schools may be adjusted to meet the requirements of public health nursing; and that special schools may be established to qualify women for the great opportunity for service open to them in this field.

MEMBERS OF SECTION ON NURSING.

Chairman: MISS JULIA A. STIMSON.

Great Britain: Misses Gill and A. Lloyd-Still.

France: Comtesse de Roussy de Sales.

Italy: Professorissa Anselmi, Countess Gigliucci.

United States: Misses Hall, Stimson and Wald.

THE ECONOMIC POSITION OF NURSES.

The National Council of Women has issued a comprehensive report of the Special Committee on the Economic Position of Nurses which included representatives from the Executive Committee of the National Council, the Royal British Nurses' Association, the Matrons' Council, the Poor Law Infirmary Matrons' Association, the Asylum Workers' Association, and the British Medical Association. The Report is divided into sections on Physical Welfare, Uniform, Education, Certificates and Salaries, and will be found to repay careful study by hospital managers and matrons. We shall devote space to the recommendations of the Report at an early date.

STATE REGISTRATION UP TO DATE.

It is certainly very satisfactory to learn from our Imperial and Foreign Mail that our colleagues overseas are taking a most intense interest in the State Registration campaign in this country. Miss Gretta Lyons (the President of the Royal Victorian Nurses' Association), writing from Melbourne, has had printed many extracts from our report of the second reading of our Bill, and has used them to instruct politicians in Victoria. Miss Lyons and Victorian nurses are deeply gratified by the "wonderful praise given by the medical members of Parliament to our profession. I wish you with all my heart every success to your Bill, and co-operation amongst your colleagues. We are hoping our Bill will come on this Session." Alas! by now, Miss Gretta Lyons will have read of the shameful wrecking campaign of the College of Nursing, Ltd., and the action of its representative, Mr. Leonard Lyle and his four Manchester satellites in the House of Commons in obstructing the Bill, and thus heartlessly depriving nurses and the public of this great measure of reform.

From Denmark we hear that State Registration is being seriously considered and our Bill is being earnestly studied by nurses, doctors, and others. We regret to hear of the illness of Mrs. Tscherning, the President of the National Council of Danish Nurses, and hope soon to hear of her convalescence. Denmark was to have been our International hostess in 1918, had it not been for the disorganisation of the world by war.

The Irishman who poses as a woman under the pen-name of "Ierne" and instructs the nursing profession through the commercial nursing press, writes a vast amount of nonsense during the year. Mrs. Fenwick is the *bête noir* of these publications, and those colleagues who are in sympathy with her professional ideals according to this layman are always described as "a faction." Last week "Ierne" tilts at his pet "College," and wonders why its fifteen thousand members do not take action and "move mountains"; and adds, "I do not think I exaggerate when I say that at present they wait *en masse* for the Executive to work out their salvation and their emancipation." Has "Ierne" ever read the Constitution of the College, and the "serf clause" therein, to which the fifteen thousand "intelligences" have subscribed? The type of nurse who signs an agreement depriving herself of self-defence if accused, or appeal if found guilty, is not the type of woman who desires "emancipation" or who has the energy to attack and remove abuses. The pity is that these passive persons constitute a dead weight on the intelligent section of the nursing profession, and for thirty years have been used to obstruct progress—vide the recent wrecking of the Nurses' Registration Bill.

NURSING ECHOES.

We hear that the Nursing Department of the London Hospital has been considerably modernised during the past few months. We hope the improvements include a three-years' term of training in the wards, instead of two, before certification, and the inclusion of the co-operative system in the Private Nursing Department. These are fundamental principles in just conditions in these days.

As reported recently in this Journal, St. John's House Private Nurses' Institute, Queen Square, has been handed over to the Governors of St. Thomas' Hospital. For the future, we learn, it will bear the dual saintly title of "St. John's and St. Thomas's House," thus St. Thomas's Hospital comes into line with all the larger general hospitals in London and the country, by running a private nursing institution. Almost all these hospitals make very handsome profits out of the nurses' fees. This, we are informed, is not the aim of the managers of St. Thomas's Hospital.

Truth has done good service in persistently drawing attention to the lack of consideration by the Admiralty of our Royal Naval Sisters, and remarks in its last issue:—

"The protests which have been made against the consistent official neglect of the Queen Alexandra's Royal Naval Nursing Service have not been entirely fruitless. The Admiralty have decided that members of this class are entitled to war gratuity. That there should ever have been any demur upon this point is astonishing; but coming as it does in the middle of the sudden zest for economy, this concession indicates a belated consciousness of shabbiness. The minimum grant is £45 for a head sister and £40 for a nursing sister, and there is a small additional allowance for service in a hospital ship or overseas."

To celebrate the signing of Peace the authorities of Kensington Infirmary arranged two dances for the staff and their friends, which were recently held in the Kensington Town Hall. The guests were received by Miss Alsop, Dr. Remington Hobbs, and the Rev. A. Lombardini. A large number were present both evenings, and the dancing was thoroughly enjoyed.

On Friday, September 26th, the Kensingtonians will hold their Annual Reunion. The

medals and awards will be presented by Lady Fleming. All nurses who have been trained at Kensington will be welcome. There will be a service in the Church of St. Elizabeth at 3.30 p.m., followed by a reception, and Miss Alsop hopes that all her visitors will make arrangements to stay as long as possible.

The harvest thanksgiving service will be held on Sunday, September 28th, in the Church of St. Elizabeth, at 4 p.m. The sermon will be preached by the Chaplain of St. Thomas' Hospital. The Rev. A. Lombardini will welcome friends to this service.

The Southwark Guardians have adopted the following report of the Medical Superintendent of the Infirmary as to hours on and off duty for the Nursing Staff:—

Suggested hours: 7.30 a.m.—7.30 p.m.; 1½ hours for meals.

Leave: two hours off duty; one whole day a week; half-day on alternate Sundays.

Night duty: two nights off-duty weekly.

The serious shortage of probationer nurses in Poor Law infirmaries and many hospitals is still acute, and it is not only a difficulty of numbers, but of suitability. The girl of the period is not seriously humanitarian; the excitement and glamour of nursing men in war is quite a different thing from devoting one's life to the care of men, women and children suffering from the average ailments to which flesh is supposed to be heir. We have enquired from quite a number of nice V.A.D.'s and others we know: "Are you going to train seriously as a nurse—the sick poor need you?" to be met with the reply: "No, I am not. To be frank, I do not care for sick people, and the drudgery and restrictions and injustice to which one is expected to submit in hospitals does not appeal to me. I could not face three or four years of it. I can be a supervisor in many other directions with quite a short training."

It appears to us the Ministry of Health must hurry up and eradicate disease, as nursing is apparently so distasteful to the girl of the period. The lack of rank and status, and the attitude of patronage inculcated by the College of Nursing, Ltd., and the Nation's Fund for Nurses, is also acting as a deterrent to spirited girls who object to the "poor nurse" attitude of the well-to-do.

The new regulations in force in many Asylums are apparently causing untold disor-

ganisation in some of these institutions. In one, where the three-shift eight-hour day has been tried, it has signally failed, and whether the arrangement of giving the attendants two whole days off a week is satisfactory remains to be seen. What are these young people to do with so much unoccupied time on their hands? Certainly some system of occupying part of the time usefully must sooner or later be found—preferably of an educational character.

Young girls of 18 years of age, many of them with very inadequate education, are being admitted into these mental hospitals. The salary of six pounds a month and bonus—which the rate-payers have to provide—is far in excess of any sum they have hitherto handled, and must inculcate habits of extravagance unless they are taught the value of money and how to save.

We hear that in the vicinity of some large asylums the frivolous conduct of young nurses, off duty whole days at a time, is already being brought to the notice of the authorities, but that these “ins and outs” brook little restraint by the matron, whose position is subordinate, and often intolerable, what with ignorant male committees and autocratic medical superintendents.

What is urgently required is, that this very important branch of nursing, needing the highest educational standard and womanly qualities throughout the personnel, should receive far more encouragement in the future than it has received in the past. Mental nursing is work which should satisfy the intelligence of educated women of the highest type, and now that the hours are short, and the pay very good, some means should be taken to bring the right women in sufficient numbers to the succour of patients so sadly afflicted.

We deeply regret to learn that, for the present, the publication of the *Nursing Journal of India*, which is the official organ of the organised Associations of Superintendents and Nurses of India, is to be discontinued, owing to the fact that an Editor cannot be found as a substitute for Nurse Bonsor, whose military duties now take all her time. It is proposed to keep the journal fund in the hands of the manager, Miss Thacker, Cama Hospital, Bombay, in the hope of restarting the journal

should an Editor be found from among members returning from leave at home.

The *Nursing Journal of India* is the official organ in that Empire of the International Council of Nurses, and just as our internationalism is again about to take on its old activities it is a thousand pities that the opinion of the nurses of India should be silenced. Many nurses subscribe for THE BRITISH JOURNAL OF NURSING in India, and we draw the attention of their colleagues to the fact that all members of the Trained Nurses' Association and of the Association of Nursing Superintendents of India, are eligible for our special rate of subscription: 9s., instead of 13s. 4d., for members of self-governing professional organisations of nurses. The Editor of this Journal will also be very pleased to insert any news or official announcements which the officials of the nurses' organisations of India may desire to insert in the *B.J.N.*

Miss Jean Gunn, Lady Superintendent of the Toronto General Hospital, has been unanimously elected President of the Canadian National Association of Trained Nurses.

The *Canadian Nurse* reports that a section for Public Health Nurses is to be formed in the National Association.

The protracted trial of Quien at Paris, supposed to have betrayed Edith Cavell to the Germans, has ended at last. The accused was found guilty of intelligence with the enemy (treason), and of swindling, and was sentenced to be shot. Six out of the seven judges, however, recommended him to mercy. We wonder why!

POWER PRODUCTION AND THE GAS ENGINE.

The use of gas for the purpose of power production is the subject of the current issue of “A Thousand and One Uses for Gas,” the monthly illustrated publication of the British Commercial Gas Association of 47, Victoria Street, S.W. 1, and all interested in this important matter should find the number a mine of useful information as to comparative costs, efficiency, and all the other details which determine choice as between the gas engine and its competitors. Testimonials from satisfied users are included, and these speak very highly indeed of gas as an agent for power production. A valuable section shows the considerable economy which can be effected by installing a gas engine for the generation of electricity.

IN GERMAN GAOLS.

Everyone should read "In German Gaols," by the Rev. Ernest F. Spanton of the Universities' Mission to Central Africa—the gaols being those in East Africa during the war. Originally published in 1917 by the S.P.C.K.—to which society we are indebted for our illustration on this page—it was quickly sold out, but has now been republished by the Universities' Mission to Central Africa, 9, Dartmouth Street, Westminster, S.W., at a price which brings it within reach of all.

In his preface to the second edition, Canon Travers shows from statements collected by Mr. Spanton from some of the more educated natives, how the purpose of the Germans in governing the country was to treat the people as if they were not living creatures like themselves, but rather as dogs, brute beasts, and slaves. One native says, "They have no pity towards the people of the land; they regard them as baboons, not as men, only as the images of men." Canon Travers continues, "Dogs! brute beasts! baboons! it is plain that this offence against the human nature of the native is the iron which has entered deepest into the native soul. The insult is bitterly felt. It outrages the growing self-respect of the black man. And no doubt this is the worst of the many crimes of the Germans. Bad as it is to oppress and torture a people, it is infinitely crueller and more odious to attempt to destroy a nation's soul."

Of course the usual excuses were made for ill-treatment. Thus, Mr. Spanton writes: "The allowance which the Government had hitherto paid to the contractor for our food was reduced, and the result was, of course, that once felt; a lowering of quality and of quantity immediately followed, and was explained to us to be intended as reprisals for the ill-treatment and under-feeding of German prisoners in England. This explanation might, perhaps, have afforded us more satisfaction if we had been able to bring ourselves to believe it; but as we were certain that it was altogether untrue, it only served to add insult to injury, which is probably what it was intended to do."

"Here at Kilimatrude," writes Mr. Spanton, "we had some practical experiences of the gentle-

man who had caused so much discussion here at home—the enemy alien who has for his own purposes become a naturalised Britisher.

"We had among us a German who many years before had taken out naturalisation papers in South Africa, and so had become a British subject 'for business purposes only' as he was



TWO OF THE YOUNGEST PRISONERS.

careful, on every conceivable opportunity to inform the German guards; he was violently anti-English, which, after all, was only natural, for 'once a German always a German,' is a rule which admits of very few (if any) exceptions, and this we could have easily forgiven him; but his spying proclivities were not so easily pardoned.

"He was always hanging around on the lookout for something to report to the German guards, and was not more particular than most of his fellow countrymen as to the truth, when a lie would serve his purpose better; altogether he could not be regarded as a desirable companion for Englishmen, and the Commandant was requested to furnish him with separate quarters, a request which the 'naturalised gentleman' himself was ready to support, as he found himself so cordially disliked at last that he rather feared some personal violence on the part of certain of his fellow prisoners.

"The term of imprisonment at Tabora was an unpleasant experience, but with the arrival of two of the English Mission Nurses an improvement took place. Up to this time the medical arrangements had been of the very crudest and most unsatisfactory kind. There was a great deal of malaria, and other complaints, and men who were ill got neither medical attention, nor medicine, except at the whim of the guards, who sometimes even refused quinine to those who were suffering badly. With the arrival of the nurses, things began to improve; some care was taken of those who were attacked by fever, drugs were of course given out to those who needed them, and, after a time, a small supply of milk, &c., which was abundant in the neighbourhood, was allowed for the more serious cases. The improvement was, of course due to the nurses, who worked hard both to do what they could under most difficult conditions, and to secure little privileges, such as food, &c., for the sick men who most needed them. After a time, when the camp became full of prisoners, a civilian doctor, who was practising in Tabora, was appointed to the medical charge of the camp, and he did his utmost for all his patients, and his care for the sick caused him to be somewhat suspected by his own countrymen."

What treatment was endured by some prisoners may be judged from the description of the journey of some moved from Bugiri to Tabora camp. "They were mostly missionaries, of whom a large proportion were ladies, and included a few married planters and others. Their journey had been a horrible one; after having been ordered to leave Bugiri at half-an-hour's notice, and hurried thence to the railway, they were placed for the night in the goods shed at the station, and kept there until late on in the following afternoon—men, women, and over forty natives all huddled together in the same shed! I refrain from attempting to describe in detail the happenings of that night and of the day that followed it."

Later when some of the conditions of life began to change for the better for the prisoners, with the prospect of the victory of the British arms, a certain amount of liberty on parole was offered to the ladies. "After some of the experiences through which they had passed they were not willing to go without some proper protection being assured to them, such as they would feel guaranteed to them by the presence

of some of their male fellow-countrymen." Eventually this was arranged. M. B.

WAR MEDALS AND RIBANDS.

The War Office announces that the riband of the Victory Medal may now be worn by all ranks who are entitled to the award of the medal. A preliminary issue of two inches of the riband will be made to each individual entitled to the medal. The stars and medals approved for service during the war, and also their ribands, will be worn in the following order: 1914 Star, 1914-15 Star, British War Medal, Mercantile Marine War Medal, Victory Medal.

The riband of the Victory Medal will be red in the centre, with green and violet on each side, shaded to form the colours of two rainbows.

A CHARTERED SOCIETY OF MASSAGE.

A petition to His Majesty in Council has been presented recently to the Board of Trade, begging that a Charter may be granted to a society to be known henceforward as the Chartered Society of Massage and Medical Gymnastics. The object of the proposed society is to unite the older Incorporated Society of Trained Masseuses, founded in 1894 and incorporated in 1900, with the more recent foundation of the Institute of Massage and Remedial Gymnastics, which was founded in 1916.

TO HELP POLAND.

Friends will be pleased to learn that Miss Jentie Paterson writes from South Poland, that she has had a very interesting time with the Polish Unit, and to judge from a characteristic communication forwarded for publication in this journal, we gather, that to make any impression on the afterwar sanitary condition of Poland, is going to be a herculean task for someone. The Americans are going to help. Look out for Miss Paterson's article next week.

CUT OFF THE WASTE.

The American Social Hygiene Association, New York, puts the following questions:—"If prostitutes in the United States, who do no productive work, are receiving 164,250,000 dollars, or (as many people think) three times that much, of the national income each year, is it not worth while to cut off that waste?"

"If, at least, 15 per cent. of the insane, who, in the State of New York, cost the tax-payers one-sixth of the total taxes to support, are insane because they acquired syphilis, would it not be sensible to stop the spread of syphilis?"

The Department of Public Health of the Association considers that it is, and that if people knew the facts: if they realised the price paid for allowing commercialised prostitution to exist, action would go on. The Association proposes, therefore, to do what it can to make the facts known and to continue the fight.

APPOINTMENTS.

MATRON.

Victoria Hospital, Blackpool.—Miss Nora Martin has been appointed Matron. She was trained in Fever Nursing at Burslem Borough Isolation Hospital, and in General Nursing at the Derbyshire Royal Infirmary, Derby, for which she holds certificates. Miss Martin has been Assistant Matron for 2½ years at the Derbyshire Infirmary, and Sister-in-Charge at the Station Road Auxiliary Hospital, Blackpool.

Bridlington Convalescent Home for Discharged Sailors and Soldiers.—Miss L. Brooks has been appointed Matron. She was trained at Leeds General Infirmary, and has been Sister at the Victoria Hospital, Hull. She has done private nursing in England and America, and has served four-and-a-half years with Q.A.I.M.N.S.R., and the B.R.C. Society.

Dover Maternity and Infant Welfare Centre.—Miss Alice Bourne, R.R.C., has been appointed Matron. She was trained at the Seamen's Hospital, Greenwich, at the Samaritan Free Hospital, and at the Plaistow Fever Hospital. She has been Ward and Theatre Sister, and served in the Dardanelles and Salonika attached to Q.A.I.M.N.S.R.

Hampton Court, East and West Molesey Cottage Hospital.—Miss Annie Bramwell has been appointed Matron. She was trained at Charing Cross Hospital, and the City of London Lying-in Hospital, and has had experience of Fever nursing at Hither Green Fever Hospital, and also held the posts of Night Sister at Shrewsbury Infirmary, and Matron of Llandrindod Wells Hospital.

Stoke Newington Home Hospital for Women.—Miss Florence A. Haig Brown has been appointed Matron. She was trained at St. Thomas's Hospital, where she was home Sister, and has done private and military nursing.

ASSISTANT MATRON.

Glasgow District Mental Hospital, Gartloch, Gartcosh.—Miss Fanny Dempster Smith has been appointed Assistant Matron. She was trained in Mental Nursing, for which she holds the certificate of the Medico-Psychological Society, at the Montrose Royal Asylum, where she was Charge Nurse of male sick wards, and in General Nursing at the County Hospital, York, and holds its certificate.

Meanwood Park New Colony for Mental Defectives, Leeds.—Miss Mary Fawcett has been appointed Assistant Matron. She was trained at the North Riding Asylum, and has held the position of Charge Nurse.

SISTER.

Middlesbrough Sanatorium.—Miss Ellen Macdonald has been appointed Sister. She was trained at Beckett Street Infirmary and the City Hospital, Seacroft, Leeds. She also held a position of responsibility at Chester War Hospital.

MESSAGE SISTER.

Nottingham General Hospital.—Miss V. E. Jones has been appointed Massage Sister. She was trained at Bristol Royal Infirmary, and has done Military work. She holds the certificate of the Incorporated Society of Trained Masseuses.

NURSING SISTERS.

Universities' Mission to Central Africa.—Miss Mary A. F. Smith, trained at the West Suffolk General Hospital; Miss Lilian M. Roberts, trained at Chesterfield and North Derby Hospital; Miss Fanny Egan, trained at West Derby Union Infirmary, Walton;

Miss Ethel A. Hall, trained at St. Bartholomew's Hospital; Miss Mary E. Davies, trained at Sheffield Royal Infirmary; Miss Frances M. O'Neill, trained at the Great Ormond Street Children's Hospital; and Miss Catherine E. Simpson, trained at King's College Hospital, have been appointed Nursing Sisters.

HEAD NURSE.

Clitheroe Union Infirmary.—Miss Nora Wilson has been appointed Head Nurse. She was trained at St. James' Infirmary, Balham, and in Midwifery at the Maternity Hospital, Dundee.

HONOURS FOR NURSES.

British and Serbian Red Cross.

Sister Bessie B. Murdoch has been awarded the Serbian Medal (Expeditionary Force) for conspicuous services and devotion to duty while attached to the Scottish Women's Hospital in Serbia.

Miss Murdoch was a nurse in Chicago prior to the war, and came to this country immediately after the outbreak of hostilities and offered her services to nurse the wounded at the front. After 18 months' service in France she was transferred to the Balkan front, where she served up to the close of the fighting, with the heroic band of Scottish nurses who shared in the vicissitudes of the gallant Serbian Army. She has now joined the American Army Nursing Service, and has been ordered to Constantinople, where she takes up her duties this month. Sister Murdoch has also been decorated by the British Red Cross Society for services rendered during the war.

It is interesting to note that a younger sister of Miss Murdoch, Sister J. D. Murdoch, has been in the naval nursing service since the outbreak of war, and served on an hospital ship during the Dardanelles campaign, and also at Salonika. She was attached to a hospital in Malta for 18 months, and recently returned from the East after being demobilised.

WOMEN'S HEALTH WATCHING COUNCIL.

The name of the Ministry of Health Watching Council, of which Viscountess Rhondda is President, has been changed to the Women's Health Watching Council.

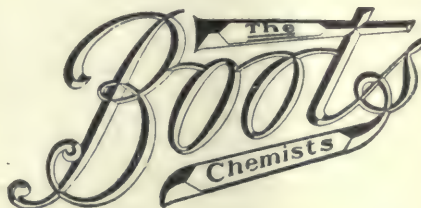
SANATOGEN CHOCOLATE.

We have pleasure in bringing to the notice of our readers the new preparation, Sanatogen Chocolate, which consists of Pascall's pure chocolate containing a percentage of genuine Sanatogen.

It is claimed that this preparation is attractive in flavour and free from "muddiness"; also that the high food value of the chocolate and its body-building and sustaining powers are appreciably increased by the addition of Sanatogen, though naturally the latter is not present in amounts large enough to be equivalent to the usual dosage of Sanatogen.

We advise our readers to send for further information and a sample of Sanatogen Chocolate, from Genatosan, Ltd., the British purchasers of the Sanatogen Company, 12, Chenies Street, London, W.C. 1. The flavour is certainly delicious.

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used. The keynote of this service is reliability.

First : The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

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BOOK OF THE WEEK.

"THE GODS DECIDE."*

Mr. Richard Bagot's novels of Italy and of the Roman faith, have at times been too controversial to give them a wide popularity; but in this present book he abandons the exclusively dogmatic attitude, and indeed the religious atmosphere is subservient to the patriotic.

For this story is about the breaking out of the war, and the attitude of Italy on the crisis.

Ezio Luciani, Conte di San Fedele, was originally of humble origin. Late in the eighteenth century a Luciani had been nothing more or less than a marble cutter somewhere in the neighbourhood of Pisa. The lands and castello of San Fedele, for centuries the property of one of the greatest Tuscan families, came into the market, and Enrico Luciani bought them and also the title of count.

The father of Ezio with whom this story is concerned, who was of doubtful reputation, dissipated the patrimony, and when Ezio became of age to marry it was found necessary that he should wed a bride with a good *dot* in order to retrieve the fallen fortunes of his house. He married Elena Girette without love, but with genuine liking. Shortly after her marriage her father became bankrupt, and the very necessary dower was never realised.

It was at this juncture that Ezio's wealthy young cousin came to stay at the castle as a paying guest, and her contribution, according to her late father's wishes, was of a very liberal character.

Ezio discussed this with the parish priest, Don Guiseppe, who pointed out that out of the twenty thousand lire a year Ezio would be something like fourteen thousand lire to the good. "One would think some saint had intervened," he said.

"Provided it is not the devil who has intervened," said Ezio.

Don Guiseppe looked at him quickly. "In that case you can defeat him if you choose," he said quietly.

Elena Luciani looked frankly upon the arrangement as a piece of good fortune, and discouraged Ezio's idea that it could not last long.

"She will probably marry" he said, "and quickly too, since she is so rich."

"Perhaps," said Elena; "one never knows. At any rate—one—two—three years—it is always something."

Ezio being a high-minded man, thought distastefully of making money out of his young cousin. "Of course, it will be useful while it lasts; but there might be a temptation to make it last too long."

"You are too quixotic, amico mia," she said with a slight laugh, "and we cannot afford to be quixotic."

Vittoria and her maid arrived in due course, and alighted at the little station some two hours from Florence. "There had been many who turned to look at the beautiful girl in deep mourning who, with quick Florentine intuition, they guessed to be Italian, though certainly not Tuscan, and decided that from whatever part of Italy she might come, she was evidently *una signorina assai distinta*."

Elena compares very unfavourably with her husband's young cousin, and it transpires in time that she is in the habit of taking morphia, and displays all the ill characteristics that are associated with the habit.

When Italy declared war, she aroused suspicion in the village by her pro-German attitude, and bitterly resented Ezio's resolution to join up. She allows her husband to go to the front without bidding him adieu.

"Figure to yourself, Mademoiselle Vittoria," said Jeanne, "that she has allowed monsieur le comte to depart without even seeing him to say good-bye, as if he had merely gone on a pleasure trip. It is incredible."

Elena's coldness towards her husband was accounted for when she was denounced as a spy, but at her arrest she ended her own life.

Vittoria's maid Jeanne, a year later, pointed out to the priest Don Guiseppe, Vittoria and Ezio sauntering along the bank of the stream.

"It would seem, M. le Curé," she said, "that in this case the gods have decided well. Of course le bon Dieu does not like other gods to be spoken of."

He glanced in the direction indicated. "In this case," he said, "I think it is the same thing. Le bon Dieu works in many ways."

H. H.

LA PAIX EN FRANCE.

Proud ravaged France, the guns no longer press against your throbbing heart.

Across the pale-lit sky ring doves and starlings fly not far apart.

From the brown earth the blades of grass spring green untinted with red.

And the low drifting clouds breathe soft beneficence upon your dead,

Your dead and ours, wrapped in mysterious dreamless sleep,

While in the distance shadowy, sombre pines their vigil keep.

Between the rows of crosses veiled women gently tread, Their voices hushed, and in their arms sweet-scented flowers for the dead.

Near the brown mounds they kneel in prayer, their dark eyes bent.

A bell steals on the misty air—their work seems like a sacrament.

* * * * *

Women of France, our sons and yours lie in Eternal Sleep.

With reverent hands you tend our dead, while we may only weep.

F.M.E.S., in *The Argus*.

*By Richard Bagot. Methuen & Co., London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

TRAINED NURSES IN PUBLIC HEALTH.

DEAR MADAM,—May I take this opportunity to ask all trained nurses in Public Health not to take advice from correspondents who do not sign their names to the statements they make.

Public Health Nurses should refrain from welcoming a scheme such as that in the recent Circular issued by the Ministry of Health for Public Health Nurses and Health Visitors which does not lay down the principle that the minimum qualification for Public Health appointment should be three years' general training, in a recognised training school. Preference should be given to those Nurses who possess additional qualifications, such as the C.M.B., experience in a children's hospital or experience in tuberculosis work.

Public health departments are not organised for training. Moreover, we claim that if the Ministry of Health wish to send round health visitors among mothers and babies, school children, and tuberculous soldiers, those people have the right to the services of fully qualified Nursing Sisters.

We all know that in the eyes of the Government there is no such thing as a "trained nurse," but we also know that a girl of twenty, with two years' polytechnic training, or a graduate with one year's polytechnic training are not the best people to be sent round as health visitors.

During the war a parliamentary committee revealed the fact that the supply of fully-trained nurses was woefully inadequate. There are no nurses in the Public Health service who are available at present to train others. They are engaged and paid by local authorities to carry out specified duties under local medical officers, such as health visiting, school nursing, tuberculosis health visiting and dispensary work. In nearly every instance those nurses are doing extra work at salaries ranging from £100 to £150 a year.

Notwithstanding the fact that scores of trained nurses are out of work through having been advised to serve their country, the Ministry of Health propose to ignore the claims of such splendid women, and waste public money on "flappers" and graduates.

"Onward" is mistaken in supposing that trained nurses in public health are required by Dr. Addison to help to train people for the work. The regulations state:—

(1) That a girl of eighteen should receive two years' training at the Battersea Polytechnic.

(2) That a University Graduate or a trained nurse should receive one year's training at the Battersea Polytechnic.

Thus, in order to become a health visitor a girl of 18 need only take two years' training. A trained nurse will be four or five years in training. At the end of that time she will emerge on the same level as the inexperienced girl, viz., that of a health visitor.

I would urge all trained nurses to send for the Board of Education regulations from H.M. Stationery Office, Imperial House, Kingsway, price 1d., and to read every sentence very carefully. Especially would I urge them to protest about paragraph seven, in which the following statement is made. "It is not practicable or indeed necessary to require that every intending Health Visitor should include in her course a three years' training in nursing. Further after careful consideration it has been decided that the course need not include the whole of the syllabus prescribed for the Certificate of the Central Midwives Board."

Such a paragraph is an insult to the motherhood of our country. It is also a very poor recompense for the excellent work done by fully trained nurses in the public health service.

I remain, Yours truly,

C. MARGARET ALDERMAN.

REPLIES TO CORRESPONDENTS.

Pension.—A large capital sum would have to be raised in order to secure a sufficient pension to a nurse who is obliged to retire after a period of 15 to 20 years. The best plan would probably be to take out a policy in some society acceptable to her, and to keep the premiums paid up, so long as she remains a member of your Association. When she ceases to work for it she would either claim the pension if due, or retain the policy and keep up the premium.

We note that the salary paid to the nurse in whom you are specially interested has been too small to permit her to make this provision herself, and we would suggest that (1) you should in future employ a nurse with full hospital training, and (2) pay her a salary which will enable her to make this provision, or (3) keep up her premium while employed by your Association, as suggested above.

We agree that in the present instance the best plan would be to raise a sum by subscription in a lump sum, or annually, and make an allowance to the nurse.

OUR PRIZE COMPETITION.

QUESTIONS.

September 13th.—In what circumstances may delirium arise in cases of infectious disease? What forms may the delirium assume? What precautionary measures may have to be adopted?

September 20th.—What are the causes of spinal caries? How would you nurse a case of this kind?

September 27th.—What is hyper-pyrexia? What means are available for its reduction?

The Midwife.

THE WORK OF THE MIDWIFE IN RELATION TO ANTE-NATAL AND NEO-NATAL MORTALITY.

BY MISS OLIVE HAYDON,

Formerly Sister, York Road Lying-in Hospital.

In an interesting paper presented at the National Conference on Infant Welfare, held in London in July, Miss Olive Haydon said:—

"I have sketched out ideals for the midwife's work in relation to ante-natal and neo-natal mortality *vis-à-vis* with the medical profession and other agencies. In conclusion, I want to touch on the midwife's work *vis-à-vis* with the patient; it is mainly threefold, educative, preventive and practical, and of these three perhaps the most important is the education of the expectant mother, for mother and the baby. The education begins at booking—unfortunately this is seldom before the sixth month; much writing has already been done on what Professor Thomson has called 'the docket' of the new-born child, and much is irremediable. But the normal rapid growth and development of a normal foetus may be retarded or interrupted by the ill-health or excesses of the mother during the last three months; hence the need for forewarning help, and continued careful observation for abnormal signs and symptoms, so as to secure early medical treatment for physiological breakdown or infection. The former history, the general condition, and the physical examination of the patient should guide the midwife in dealing with the patient and help her to form an opinion as to whether it is advisable in the interests of the mother and unborn child to be attended by her. The midwife will receive with caution and some inward scepticism the explanation of the causes of previous miscarriages; she knows that thousands are attributed to shocks and falls, a very few to albuminuria, syphilis, &c., and still fewer to the taking of noxious drugs and drastic purges. She ought not to be content that a series of miscarriages have been attributed by a doctor to those refuges of the destitute, 'habit' and 'a weak inside.' She may even dare to inspire the woman who has been told she would never carry a child to full term, with optimism. The careful examination of the breasts and nipples begins the education on the value of breast-feeding, careful investigation into the causes that lead to its abandonment with previous children forewarn and forearm the midwife. If it has been given up because the mother has had to go to work, there is always hope that she may be convinced that her primary duty is not washing or charring, or any other work in the labour market, but the persistence in breast-feeding.

"With an eight-hourly working day, and four-hourly feeding, there should now be fewer children fed from tins or poisoned slowly with contaminated milk, deprived of its accessory growth products by sterilization.

To give right valuations and right perspectives is as much ante-natal work as to see that neither overwrought brain, over-fed or under-fed digestive system, nor under-nourished blood starve the unborn child, and starve the new born child by preventing successful breast-feeding. There is one subject on which there is some difference of opinion in the medical, dental and midwifery professions—the advisability of extraction or repair of the teeth during pregnancy. There is little or no difference of opinion in the attitude of the patients; they all with one accord wish to put it off to some more convenient, and in their opinion, safer season. If the midwife fails to persuade them that both their own health and breast feeding will suffer if they have dirty mouths, I doubt if any other person will prevail on them, to have treatment.

"The midwife is shrewd enough to know that faulty mothercraft, poverty, the health and surroundings are far greater factors in ante-natal and neo-natal mortality than hard work, smoke-laden atmosphere, bad midwifery, or even those plagues of the midwife's life, and the joy of some doctors—the 'Born before arrivals.' A midwife's judgment of the character and capacity of the mother and home life is by no means to be despised; she has unique opportunities of studying these in her repeated and welcomed visits to the home. I regret that time only allows of few details of the many-sided work of a midwife, but I conclude that most of my audience have first-hand knowledge of it; if not, I am at their service. In the past our enthusiasm for a better order of things has often been smothered by the apathy of the general public, by the impossibility of carrying into practice our ideals, by the exigencies of the day and night work, by our limited knowledge, and by want of facilities. When this great movement for prevention of ante-natal and neo-natal mortality took fresh life (it was born, and led a rather attenuated existence many years before both in lying-in hospitals, and in the practices of some medical men and midwives) the leaders either ignored or despised the midwives—they were more inclined to abuse her than to use her. It is only recently that champions have arisen to point out that the modern midwife is neither a negligible force nor a pernicious necessity, but a useful agent in combating the fall in the birth-rate, in reducing the maternal and foetal mortality rates, in carrying into the homes enlightened and refined ideas as to the function of fatherhood, motherhood, and the upbringing of children—and last, but not least, in fostering the maternal instinct in the unmarried mother."

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Vol. LXII

EDITORIAL.

THE NATIONAL COUNCIL OF WOMEN AND THE ECONOMIC POSITION OF NURSES.

In order to do full justice to the very valuable work of the Special Committee of the National Council of Women of Great Britain and Ireland, in its desire to improve the Economic Position of Trained Nurses in this country, we publish its conclusions in full, after its most careful tabulation of the evidence placed before it, in order that our readers may study the Report for themselves.

DIETETICS AND DIETOTHERAPY IN HOSPITALS.

Recently the American Hospitals Association held its Annual Meeting at Cincinnati—a city where one of the most magnificent hospitals in the world has been recently erected, where its twenty-five buildings are located in the centre of a plot of about 65 acres of the choicest ground within the corporate limits of Cincinnati, thereby being freed from the dirt and grime so far the unavoidable condition of a thriving American city. A most beautiful Nurses' Home is attached to the hospital. What interested us specially in this convention was the fact that the American Dietetic Association held a joint meeting with the Hospitals Association—as America is far more fully alive to the all-important question of dietetics and dietotherapy in hospitals, and other institutions, than we are. And in future it is going to be the most scientifically fed people who are going to be the most healthy people, and in consequence rule the world. We know what effect alum bread and adulterated liquor and food has had on our nation's teeth of recent years, and a nation without teeth is doomed.

"This organization was formed," says *The Modern Hospital*, "for the purpose of helping the dietitian solve her hospital problems and helping the hospital solve its problems in the dietary department.

"At the first annual meeting so many dietitians in other fields were present and eagerly adding their helpful suggestions as well as their problems, that it was deemed advisable to

include all of these in the activities of the Association.

"As a result, sections have now been formed and plans started for specific work in each of the following phases of dietetics: (1) the hospital dietitians who supervise the preparation of special orders or who prepare the diets in a metabolism ward; (2) the administrative dietitian who supervises the work of the entire culinary department, in hospitals or other institutions, in commercial enterprises, school lunch-rooms, &c.; (3) the social welfare, or field dietitian, who works through the various social service agencies, through dispensaries, and in private consultation; (4) the teaching dietitian who teaches dietetics to nurses, or one who teaches the various subjects in schools intended to fit young women to become dietitians.

"The membership of about three hundred includes besides dietitians, members of the faculty of practically all leading schools offering courses in nutrition and dietetics, the majority of our nutrition experts, some medical men, and hospital superintendents.

"Commercial firms dealing in food materials or anything pertaining to food service recognize the value to them of getting in touch with dietitians."

Amongst the subjects discussed in this Section were:—

Relation of the Dietitian to the Hospital Staff, by Miss Annie W. Goodrich, Teachers' College.

Courses of Instruction for the Training of Dietitians, by Miss Katharine Fisher, Teachers' College.

Training of Pupil Dietitians, Social Service Dietetics, Hospital Cafeterias, Dietitian Service Abroad, The Dietitian in the Public Health Service, The Organization of the Dietary Department of a Military Hospital, The Dietitian in the Hospital Dispensary, Hospital Food Waste, and Diet in Disease.

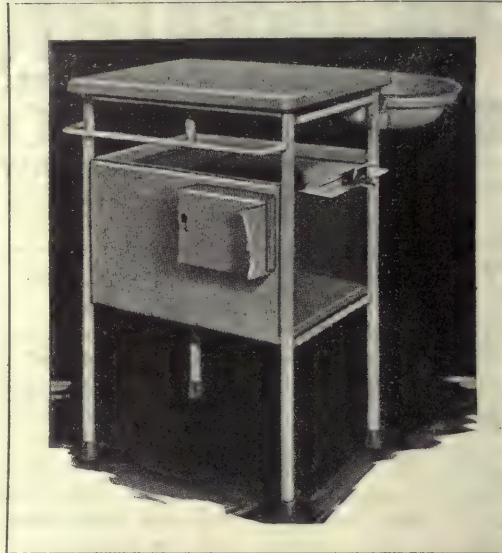
Reports were also presented from several national Associations concerned with food standards, and on the standards of curricula for the training of dietitians.

We must have a popular Dietetic Association on American lines.

PRACTICAL POINTS.

A NEW BEDSIDE TABLE.

A very important sanitary point often overlooked in hospitals is the danger of infection due to using washbasins promiscuously. The accompanying illustration shows a heavily constructed bedside table with a washbasin attached, designed by Dr. E. R. Crew, superintendent of the Miami Valley Hospital. When not in use this can be turned under the top of the table. The table has also an open shelf for the chart file and an enclosed shelf underneath for the bedside accessories, which should not be conspicuously displayed. A sanitary toilet-paper holder, white enamelled, is placed on the back of the stand. Above it the towel rack is shown. The top of the table is made of porcelain-enamelled cast iron.



A NEW BEDSIDE TABLE.

BRINGING THE CITY HEALTH DEPARTMENT TO THE CITIZENS.

Municipal health departments have, of course, done wonders toward conserving the health of the citizens of their respective communities, but it has remained for the bustling little town of Hamilton, Ohio, U.S.A., to bring the Health Department to the very doors of the people, so to speak.

Hamilton's city fathers recognised that not all the people read the papers, and not all the papers carry all the warnings the Health Department gives out—at least, not in the catch-the-eye form that should be. So, at little more cost than that of printing, when the municipal drinking



BOIL DRINKING WATER AND SO AVOID TYPHOID.

water supply became infected (thanks to the freshets), and there was danger of general epidemics, as result, the Board of Health had a goodly quantity of warnings printed after the style of the one of the photograph, advising every one to "boil drinking water and so avoid typhoid," and these were posted where those staying at home, as well as those who run, might read.

FELIX J. KOCH.

COLD IN PNEUMONIA.

In a letter to the *Journal of the American Medical Association* the writer says that those who have been accustomed to the use of the fresh air treatment of tuberculosis and pneumonia recognise as a fundamental necessity that the patient shall never be uncomfortably cold. Discomfort is incompatible with rest, shivering is nature's method of raising the temperature; depression is to be carefully avoided. If the patient is uncomfortable it is due to faulty technique, and in the majority of cases the nurse is the one who is

responsible for the failure. If patients are properly protected below the mattress (a layer of newspapers, blankets, &c.), as well as above, the pillows properly arranged, bed socks and shields supplied, they can stand almost any degree of cold with comfort. Their bodies may be in Florida, their noses in the Arctic regions. The skin must be red, not blue; they must be warm, not cold. Only cold air will beat down their fever, stimulate their hearts and supply pure, unbreathed air. Exhausted air can produce no more heat than wood ashes. Rain, fog and high wind are excluded.

NURSING ECHOES.

We have before us the Forty-fourth Annual Report, for the year 1918, of the Trained Nurses' Annuity Fund (for disabled nurses), of which Princess Christian is President, and which conducts its beneficent work with feeling and privacy. The statement of accounts reports that £165 16s. 11d. was received in subscriptions, £116 14s. in donations; in addition to this £828 12s. 2d. was contributed by the staffs of the Naval and Military Hospitals towards the Queen Alexandra War Memorial Annuities, and £304 4s. 6d. for Princess Christian's Annuity for an Aged Nurse. £750 15s. was granted in annuities during the year.

At a meeting held in June, 1918, it was decided to affiliate the Trained Nurses' Annuity Fund and the Benevolent Fund of the Royal British Nurses' Association, and to form a Joint Committee to manage these Funds, under the chairmanship of Mr. Montague W. Price, D.L. Miss Isabel Macdonald was appointed Hon. Secretary to the Fund.

The Report states: "Although the Fund makes steady progress, there is still a great need for increasing its capital in order that many very pressing claims may be met." Very sincere thanks are accorded to Miss Garrioch, R.R.C., to Miss McCarthy, R.R.C., and to Mr. Montague Price, for promoting the usefulness of the Fund, which has upwards of £20,000 invested.

At the request of Miss Sidney Browne, R.R.C., the amount collected by the Territorial Force Nursing Service was returned, it being stated that the Service wished to administer it. This evidence of personal feeling is to be regretted, as the generous support of the Fund by the Imperial Military Nursing Service, reported last week, is splendid evidence of the sympathy and comradeship of this Service towards those members who need help, and proves that with good organisation and a little self-sacrifice, which is available through the Trained Nurses' Annuity Fund, the nursing profession can look after its own needy members, and thus maintain its self-respect and the respect of the community.

We congratulate those responsible for the Fund on its present happy position.

The Ministry of Health is wisely beginning to take an active interest in Poor Law Nursing, now under its authority, and we note that it has advised the Mile End Guardians that £25, instead of £30, is a fair minimum salary for

probationers, with everything found. We agree, if the Nursing School attached provides a thorough theoretical and practical professional education. When certificated, the salary may well be doubled. The Mile End Guardians, at a recent meeting, deeply resented the interference of the Ministry of Health, and although nine candidates were content to accept £25 instead of the £30 advertised, the Board resolved, in spite of sensible advice from the Chair, to adhere to its original decision.

This is all very lordly and large, but the huge increase of expense will not be met by voluntary subscriptions, but will come out of the pocket of the poor rate-payer, whose burdens, owing to municipal extravagance, already amount to a crushing weight.

On this question of probationers' salaries, the Special Committee of the National Council of Women advise that probationers shall be recognised as nurse-students, and not as salaried officers, and that any money paid to them should be taken as a grant in aid of their training, and in no sense as a salary. Several Poor Law Matrons, at the final conference on the Report now issued, pleaded that the grant should not be more than £20, as the higher rate of pay encouraged a very ill-educated class of candidate to apply for training, a class not sufficiently cultured to enter as a nurse-student.

The Westminster Guardians have congratulated Miss Florence Nightingale, the Assistant Matron, on the award to her of the Royal Red Cross, for services in the war. It seems peculiarly appropriate that a lady of this honoured name should receive this decoration.

Sir Berkeley Moynihan, Member of the Council of the College of Nursing, Ltd., speaking of combating tuberculosis, measles, and other preventable diseases, remarked recently: "We have got to start now in real earnest against all these forms of disabling diseases, and it seems to me that this is one of the great avenues opening out for V.A.D.'s. After the splendid work they have done, it seems to me that there is a great deal of equally good work to be done in future. During the last five years the V.A.D.'s have ranged themselves on the side of the best heroes in the greatest cause for which men ever fought, and it is my great hope that they will continue to range themselves on the side of those who are fighting the pestilences which lurk in every corner."

But why do members of the College Council,

which professes to protect the interests of trained nurses, busy themselves in advancing competition by V.A.D.'s? The people largely suffer from tuberculosis, measles, and other preventable diseases, because, so far, those in authority have been too ignorant or ungenerous to provide a sufficiency of well-trained nurses to teach them how to prevent risks.

By all means, now the war is over, let all students of nursing take time to learn the theory of nursing, beginning with the study of bacteriology, and do not let us, now that we have a Ministry of Health, encourage women who desire to improve standards of national health, to imagine they can do so on the superficial methods of teaching considered adequate for the average V.A.D.

It is time that we heard no more of V.A.D. competition in nursing, which must soon, under a Registration Act, after serious study, become a clearly defined profession for women. It is wonderful how generous some medical men can be in bestowing trained nurses' rights and privileges on the amateur, a species of piracy they would be the first to resent in their own craft.

The following letter appeared in the *Glasgow Herald* of September 19th:—

MEN NURSES IN HOSPITAL WARDS.

SIR,—May I ask, through the medium of your valuable paper, when the cry of the demobilised and unemployed men is in our ears, and when women are still being employed in what formerly were men's occupations, if the tables could not be turned in one more profession?

During the war, nursing sisters were replaced by nursing orderlies in certain wards of the military hospitals. Is there any reason why men should not be employed now as nurses in men's wards in town or county hospitals? Nursing orderlies have proved themselves quite capable of doing all that is required in taking charge in certain wards under the direction of the medical officer; and the valuable experience gained by these orderlies of the R.A.M.C. should prove an asset to them in civilian life.

The employment of men nurses, I think, raises the standard of the whole profession. Trained native dressers are employed in the East. Why not use men in the same capacity at home?

I am, &c.,

MEMBER OF THE COLLEGE OF NURSING.

Male Nurses have their uses in the care of certain cases, but for a "Member of the College of Nursing" to advance that their employment "raises the standard of the whole profession" is an absurd statement. We wonder why this Collegite wishes to deprive her own sex of the work for which they are so specially suited—especially at the moment of

demobilisation, when hundreds of nurses are finding great difficulty in earning their living.

But why give over "town and county" hospital wards to male nurses? Of course the most suitable environments for them are the military wards. Why not a man Matron-in-Chief and Brothers instead of Sisters when innovations are on the tapis?

A conference to consider the co-operation and co-ordination of nursing organisations in Wales and Monmouthshire was recently held at Shrewsbury, the Right Hon. Thomas Richards, P.C., M.P., presiding. Representatives of Nursing Associations, Medical Officers of Health, and others were present.

The draft of a suggested scheme was considered, and it was decided to recommend that a Welsh national committee for nursing be appointed, and that representatives of the county councils, medical practitioners, medical officers of health, county borough councils, Welsh National Memorial Association, Welsh insurance committees, and all other organisations interested be asked to send representatives to a conference to be held in Cardiff on Friday, October 24th, to consider a scheme to be drawn up by a sub-committee, which was appointed at the meeting.

The Secretary of the Irish Nurses' Union has recently pointed out to the Press that in nursing in Dublin Corporation Tuberculosis Hospital lay-trained nurses have been superseded by nuns. In the Skin and Cancer Hospital, Dublin, the same arrangement has been made, and a nun is to succeed the present lay matron at the Crookaling Sanatorium. Mrs. Mortished thinks that "if this system is extended there will soon be no room left for the professional nurse in Ireland unless she is a Protestant. This question is not one only of economics; it is one of efficiency, and of the utmost importance to the patient. Is the *religieuse* as well and scientifically trained as the lay professional nurse? If she is not, then this reversion to nursing by nuns must be injurious to the standard of health in Ireland.

A woman, Emily Gertrude Wenham, calling herself a nurse, was sentenced to six months' imprisonment at the West London Police Court, for taking a flat and stealing a quantity of furniture, china, wine, cigars, and other property, to the value of £350. Had there been a Nurses' Register in print the lessee could have discovered the fraudulent statement before letting his house.

THE NATIONAL COUNCIL OF WOMEN OF GREAT BRITAIN AND IRELAND.

PRESIDENT—MRS. OGILVIE GORDON, D.Sc., Ph.D.

REPORT OF THE SPECIAL COMMITTEE ON THE ECONOMIC POSITION OF NURSES.

This Committee was appointed at a Conference which was called by the National Council of Women of Great Britain and Ireland and was held on February 18th, 1919. Delegates were sent from all the various Nursing Societies affiliated to the National Council, and the Conference was therefore fully representative of the various Nursing interests. Others were chosen by the National Council.

The Medical aspect of the question was explained by Major-General Sir C. Wallace, C.B., K.C.M.G., Senior Surgeon to St. Thomas' Hospital, and Dr. Crouch (Ascot).

The Chairman, Mrs. Ogilvie Gordon, in her opening remarks, referred to the reconstruction that was taking place in the relation of the worker to the working conditions, and said that the National Council was anxious to have the question of the economic position of the nursing students ventilated, as that section of professional working women had somewhat lagged behind on the road to progress being travelled by others.

A large number of the delegates took part in the discussion which followed, and it was eventually proposed by Miss Cox Davies (representing the College of Nursing, Ltd.), and seconded by Miss Barton (Chelsea Infirmary) "That a Committee be appointed for the purpose of enquiring into the conditions of work and payment of Nurses, and that it report to a further Conference."

This was carried unanimously.

The Committee as finally appointed consisted of the following members:—

A.—REPRESENTATIVE.

Mrs. Ogilvie Gordon (Chairman) and Hon. Mrs. Franklin, Executive N.C. of Women.

Mrs. Bedford Fenwick, Miss M. Heather Bigg, and Miss Wilson, Royal British Nurses' Association.

Miss Copeman and Miss Alsop, Poor Law Infirmary Matrons' Association.

Mr. E. B. Turner, F.R.C.S., and Mr. N. Bishop Harman, F.R.C.S., British Medical Association.

Miss Villiers, Matrons' Council of Great Britain and Ireland.

Miss Macdonald, Asylum Workers' Association.

B.—CO-OPTED.

Dr. Jane Walker, Miss Bickerton (Hospital Matron), Dr. Crouch, Mrs. Massingberd Mundy (Hon. Secretary).

It will be noticed that the College of Nursing is not represented on the Committee, which is much to be regretted.

At the first meeting of the Committee it was decided to draw up a Questionnaire to be sent out to the various hospitals, and a sub-committee was

appointed to draft this. The provisional Questionnaire was then considered by the full Committee, and, with various alterations, was adopted, and the Secretary was instructed to send it out to certain hospitals in England, Scotland, Ireland and Wales. The number of separate institutions to which it was sent was 580.

Replies were received from 176 hospitals; a number in excess of what was expected as, firstly, the list of questions was in itself formidable, demanding a very considerable amount of work on the part of the Matrons (exceedingly busy women), and secondly, because a section of the Nursing Press and individuals started a campaign urging Matrons not to answer the Questionnaire both on account of its "inquisitorial" character, and because the College of Nursing had already sent out their Questionnaire, which it was alleged was better adapted for the purpose. Nevertheless, the very large number of answers indicated was received, and it is believed that the Report, with its analysed returns, will prove the necessity for the thorough inquiry, and will be of real assistance to all Hospital authorities who are anxious to bring their nursing arrangements up to modern requirements.

The Committee take this opportunity of expressing their grateful thanks to the very large number of Matrons who have replied. Each reply must represent many hours of work, involving calculation and reference to other people, and the Committee have been much struck by the full way in which the papers were filled up.

The Committee fully recognise that under no scheme of training must the main principle of the Medical and Nursing Professions be tampered with, viz., that Doctors and Nurses exist for the benefit of the public, and that the interests of the patients must be their first consideration. They can, however, feel no doubt that under the present system of training at nearly all hospitals, an alarming percentage of Nursing Students are disabled, and of those who complete their training an even higher percentage contract permanent physical troubles, with the result that a large number of women are left with decreased powers of useful work, and, incidentally, with their position as potential mothers seriously prejudiced.

The Report is based on replies which have been received from 161 General Hospitals, and 15 Hospitals for Infectious Diseases. Sixty-six of the General Hospitals sending in replies have over 100 beds, and 95 have under 100 beds. All the 15 Hospitals for Infectious Diseases from which replies have been received are large hospitals with over 100 beds.

PHYSICAL WELFARE.

A consideration of the paragraphs which follow will show that at the present time the actual arrangements made for the accommodation in the widest sense, of nurses during training, for their hours of work, rest, and leisure, for their recreation and holidays, and for their initial and subsequent medical examination, are not only below the ideal, but do not reach the standard

which might reasonably be obtained and below which health and efficiency must suffer.

We do not propose to publish the statistics tabulated from the replies, but to confine ourselves to reprinting the Committee's suggestions, on the questions asked.

NURSE STUDENTS.

I.—At what Distance is the Nurses' Home from the Hospital?

The Committee recommend that the Nurses' Home, if not under the same roof as the Hospital, should be in an adjoining building, as propinquity adds very much to the health and efficiency as well as to the comfort of the Nurse student. Much time spent getting to and from the Hospital would be thus saved, and Nurse students enabled to have short rests in on-duty time should occasion offer.

As will be seen later on in the report, recommendations have been made by the Committee which will involve an increase in the number of Nurses employed by all Hospitals. The question of accommodation therefore necessarily arises, a question which is of almost insuperable difficulty in these days. Where, at present, accommodation cannot be provided within the Hospitals, the Committee would recommend that additional accommodation be arranged within the vicinity under proper supervision. The Committee can see no valid objection to such Nurses who have friends or relatives in the immediate neighbourhood temporarily residing with them. In such cases a sum equal to the actual cost saved by the hospital should be credited to the nurse student.

II.—(1). Do the Nurses have their Meals in the Nurses' Home?

The Committee recommend that from the point of view of the Nurses' efficiency and comfort and of economy of staff and material, all meals should be served in the Nurses' Home, if within reasonable distance and except where it adjoins the Hospital. Where the Home adjoins the Hospital all meals should be served from the Hospital kitchen as material economy is thereby secured in food and domestic staff.

(2). How long are the Nurses allowed to be away from the Ward for each meal?

In the majority of institutions there is only half-an-hour allowed for any meal, *i.e.*, between starting the meal and reporting on duty.

In 37 of the Institutions an additional 15 minutes or more is allowed for dinner, while in only eight Institutions is three-quarters of an hour or more allowed for each meal.

The Committee consider that breakfast is a most important meal, and that half-an-hour is not sufficient. Attention has been drawn to the fact that 75 per cent. of nurses suffer from constipation after undergoing their training, and of these a large number ascribe it to their not having time to go to the lavatory between their breakfast and reporting on duty. For this purpose an additional 15 minutes after the completion of breakfast should be allowed.

Not less than three-quarters-of-an-hour should be allowed for dinner, and half-an-hour for tea, which is not generally counted as a meal, and should not be served in the ward or ward kitchen.

Supper facilities should be provided to enable those getting off duty early to obtain a meal at once, and so get to bed earlier.

Lunch should be provided between 9.30^a and 11 a.m., and 20 minutes allowed for each nurse student to have it and tidy herself.

III.—(1). Has each Nurse a separate Bedroom?

The Committee recommend that all Nurse students should have separate bedrooms with the window opening direct to the outside air.

(2). Does she have to make her own bed?

(3). What amount of cleaning has she to do in her own room?

The Committee, while having no objection in principle to the making of beds and dusting by the Nurse student, consider that the bed is not likely thus to be properly aired and the room properly dusted. For that reason they recommend the work should all be done by members of the domestic staff. If, however, it is done by the Nurse students, it should be done during on-duty time.

In 18 cases the Nurse students do everything that is required to be done in the rooms and this the Committee cannot approve.

(4). Is she allowed to rest in her own room in her Off-duty Time?

It is satisfactory that this is almost universally allowed.

(5). Do the Nurses' Bedrooms share in any System of Central Heating, or is there any other Provision for Warming them?

The Committee consider that where possible there should be central heating for all bedrooms. Open fires are costly, and there is always the liability of an accident. Moreover, there is no security that they will be supplied as often as really needed.

IV.—(1). Are there Bathrooms in the Nurses' Home?

(2). What is the Proportion of Bathrooms to the Number of Nurses?

The Committee strongly recommend that there should be one bathroom to every four Nurses, otherwise time is wasted by each Nurse student waiting for her turn. Each bath, if taken properly lasts from beginning to end about 15 minutes. In order to save domestic labour, lavatory basins with hot and cold water should be provided in each bedroom. This should be the aim in all reconstruction.

It is of the utmost importance that each Nurse should take a bath every morning before going on-duty.

(3). What is the Proportion of W.C.'s to the Number of Nurses in the Nurses' Home?

The Committee recommend that one w.c. be provided for each six Nurses. This is most important.

It has been pointed out to the Committee by a medical man, who has been responsible for many years for the health of a large body of trained Nurses, who were doing private work, that 75 per cent. were suffering from constipation, from which they were free up to the time of their training. It was abundantly evident that this condition was due to two causes. Firstly, the insufficient time allowed after breakfast for using the w.c.'s, and, secondly, the small number of w.c.'s available. It is unnecessary to point out what a serious impediment to good health such a condition is.

- (4). **How many W.C.'s are reserved for the exclusive use of the Nurses in the Hospital?**
 (5). **Are the W.C.'s completely divided from each other with open-air ventilation?**

Returns show that the number at present supplied is quite inadequate. In many cases there are none at all. There should be on each floor a w.c. reserved for the exclusive use of the Nurses, and not to be used by the Medical Staff or the Patients. Patients must have no access to them, but they should be reasonably near the ward. The same w.c. would suffice for the Nurses of more than one Ward provided there are not more than 12 Nurses to use it.

All w.c.'s should be completely separated and have open-air ventilation.

V.—(1). Is there a room for Recreation?

- (2). **Is there a Room provided for Rest where silence is enforced?**
 (3). **Are these Rooms private to the Nurses?**
 (4). **Are the Nurses allowed to introduce their Visitor Friends to these Rooms?**
 (5). **Are the Visiting Public allowed to view these Rooms?**
 (7). **Are the Weekly, Daily, and Nursing Papers supplied to the Reading Room or Nurses' Sitting Room?**
 (8). **Is the Nurses' Sitting Room supplied with an adequate number of Easy Chairs, Sofas, Footstools?**

The replies show that the accommodation at present provided for Nurses under these headings is far from satisfactory.

There should be a recreation room provided with a reasonable number of daily and Nursing newspapers and volumes of light standard literature. In the rest room, where silence should be strictly enforced, there should be standard medical and nursing books of the more expensive kind. The Committee consider that Nurses should provide their own text books. There should be facilities for books in the Medical Library to be transferred to the rest room for the use of the Nurses.

In the larger Hospitals at least, provisions should be made for the Nurses to receive their visitor friends in a room other than those set apart for rest and recreation, and the public should not be admitted to the Nurses' recreation rooms except when unoccupied.

The recreation room should be provided with

an ample supply of lounge chairs, some with leg rests, and sofas.

- (6). **Is there a General Library? Are the Books renewed at regular intervals?**

Replies show that in the majority of the larger hospitals a library is provided and provision made for the renewal of books. These provisions should be made universal.

VI.—What facilities are there in the way of Indoor and Outdoor Recreation?

The Committee recommend that in all cases the recreation room should contain a piano and the floors be so arranged that dancing could take place. There should be a gramophone in the recreation room for dancing purposes alone, but not for general use.

Regarding outdoor recreation, the difficulty in large towns is almost insuperable, but certain suggestions of considerable value have been made to the Committee. Thus arrangements might be made with the local public baths for swimming, Badminton, &c. In country districts there should be no difficulty in arranging for tennis.

VII.—Is the Candidate medically examined by a Member of the Staff (1) before being admitted to the Hospital; and (2) again after the Trial Period?

All candidates should produce a certificate from their own doctor, the form of certificate to be provided by the hospital.

The nurse student should be examined by a member of the Honorary Staff on entering the Hospital, and again after the trial period before signing the agreement.

It should be a strict rule of each Hospital that the Sister of every ward report any ailment, however slight, and the nurse shall be placed under the care of an honorary member of the staff, or, failing him, the Resident Medical Officer. The Nurse student's word with regard to her own health should not be accepted, as undoubtedly she will be inclined to avoid anything which might result in her being taken off duty.

A periodical examination by the staff is not recommended.

VIII.—What arrangements are made for the Nurses to sit down while on duty?

A sufficient number of chairs should be provided for the nurse students to sit down while on duty when the work allows, and they should be encouraged to use them on such occasions.

IX.—(1). What is the Number of Hours during which Nurses are actually on Duty?

A considerable amount of difficulty was encountered in compiling the statistics of replies to this question, but certain facts appeared.

Suggested Day, for six days in the week, one day off being allowed weekly.

From 7.45 a.m. to 9 p.m.

Deduct 3½ hours for Off-duty time.

„ 20 minutes for morning lunch.

„ 45 „ „ dinner.

„ 30 „ „ tea.

The Committee suggests what is practically an eight-hour day. They are in some doubt as to whether the time should not be even less having regard to the intensive character of the work. During her time on duty a Nurse is, owing to the nature of her work, constantly on the alert, and the strain on her attention is consequently never relaxed.

Where meal times fall within the off-duty times the off-duty time should be correspondingly extended.

- (2). What are their Off-Duty Hours?
- (3). Are the Off-Duty Hours so arranged that the Nurses can be certain of them save under exceptional circumstances?
- (4). How often do they have a half-day off and how often a whole day?

The Committee recommend that there should be one whole day off-duty each week and three and a half hours off-duty daily.

Replies to No. 3 show that under existing arrangements, nurses can be certain of having their full amount of time off-duty some time during the day. All off-duty times should be scheduled and posted in a prominent place, and strictly adhered to. In cases of emergency, any alteration should be referred to the Matron.

- (5). How many months does a newly-joined Nurse have to work before taking a Holiday?

The Committee suggest that the Nurse student should work six months before taking a holiday, as by that time her calibre will be ascertained.

- (6). How many weeks' Holiday does each Nurse have a year?

The Committee recommend that 14 days be given at the end of six months, and 14 days at the end of 12 months. One month to be given in the second year, and one month in the third year.

- X—(1). Is there a special Sick Room for the Nurses when ill?

The Committee recommend that there should be a sick room set apart for Nurse students for isolation purposes, and there should be a small ward or wards set apart in the Hospital, each capable of holding at least three beds. Surgical operations should be conducted and looked after in a large ward for the sake of the nurse.

- (2).—What is the percentage of sickness amongst the Nurses, excluding epidemics? For example :—What is the average of days off per Nurse on account of sickness?
- (3). What is the average of breakdowns in the :—1st year, 2nd year, 3rd year.
- (4).—What are the most common causes of sickness?

The replies received obviously do not give a true impression of the actual percentage of sickness among students. In fact their general effect is rather to confuse the issue than to give any clear account of the actual facts. One of the largest Hospitals, which alone among those replying to Question (2) appears to have kept a careful record of sickness among the Nurse students,

shows that one in every 15 nurses is always off duty owing to ailment.

The replies taken together show that the alleged percentage of sickness falls far below that which is taken by Insurance Societies as a general rate to be expected amongst healthy women of corresponding age. The Committee consider it to be of the highest importance that every institution should keep careful records of any absence from duty among the Nurse students in case of illness.

Fifty-three per cent. of the larger Hospitals from which replies were given to other questions have not replied to Question (3). This is in itself a significant fact. Twenty-seven per cent. have replied that there are no breakdowns, and about 20 per cent. have given certain particulars, which, so far as they go, show that breakdowns are twice as many in the first year as in the second, and distinctly more numerous in the second than in the third year. Those who break down frequently leave Hospital altogether, so that the third-year group may be taken to represent the very strongest of those who entered a Hospital for training.

The replies from the smaller Hospitals are of even less value.

The Committee find a consensus of opinion that the number of breakdowns occurring among Nurse students is much higher than it should be having regard to the standard of health enjoyed by most entrants. This of itself points to the need of drastic revision of the present conditions under which students now work.

NIGHT NURSES.

- I.—(1). What is the Sleeping Accommodation for Nurses on Night Duty?

- (2). Is it in a quiet quarter immune from adventitious noises such as those caused by Nurses on Day Duty?

The Committee consider it of the first importance that a separate room always be provided for a Nurse who is on night duty, and that such a room be situated where it is free as far as possible from all noise.

The figures given above show that an attempt is made to satisfy these conditions in a substantial number of Institutions that have furnished replies.

- II.—What is the number of Bedrooms for Nurses on Night Duty?

- III.—(1). What arrangements are made for relieving Night Nurses for Meals?

Replies show that generally speaking arrangement for giving relief to night nurses in order to enable them to obtain meals are insufficient.

- (2). What time are the Nurses allowed out of the Wards for Meals?

The Committee recommend that night nurses should be allowed half-an-hour once during the night for a meal.

- (3). Does the time allowed include the Preparation and the Washing-up of the Meal?

- IV.—How often do the Night Nurses have a night off duty; and when they have one for how long a period may she be absent from the Hospital?

The Committee recommend that a night nurse should have an average of not less than one night off duty weekly, and should be allowed if she wishes to take these days together, in whole or part, subject to arrangement with the Matron. Where one day has to be taken by itself the Nurse should be allowed off duty from a quarter to half-past nine one morning till 5 p.m. the following day.

V.—For how long a period does a Nurse remain on Night Duty?

The Committee recommend that Night Nurses should remain on night duty for three months at a time, neither more nor less, and a period of at least nine months should elapse before going on night duty again.

THEATRE STAFF.

I.—What are the hours of the Theatre Staff?

Owing to the character of the work, there can be no time table for operations. There must be alternating phases of rush and slackness, and with a sufficiently trained staff the work spread over a long period would average itself. The Committee consider, however, that no Nurse student should remain in the theatre for more than eight hours on any one day.

II.—Is the Night Theatre Staff distinct from the Day Theatre Staff?

The Night Theatre Staff should be distinct from the Day Theatre Staff.

UNIFORM.

The Committee recommend that all obligatory uniform should be provided by the Hospital, except for the first three months, when the Nurse student might reasonably be expected to provide for herself. It might even be possible to provide a uniform by loan.

When it is considered by the Hospital authorities that, for the protection of the Nurse students, outdoor uniform should be worn, the uniform should be provided by the Hospital.

EDUCATION.

I.—Is there an Entrance Examination on General Knowledge, or is an Educational Certificate demanded?

The replies to this question appear to show that only in very few Institutions is precaution taken to see that Nurse students before entering upon their profession possess sufficient general education. The Committee consider this to be a defect which should be remedied. They do not recommend that Hospitals should themselves conduct Entrance Examinations, but they might wisely, after due notice given, require the production by entrants of evidence that they have passed examinations indicating a tolerable standard of education or have been for a substantial period under regular instruction in a School inspected or recognised by the Board of Education. Till such regulation can be enforced, such evidence should be adduced as may be possible to prove that a proposed Nurse student is sufficiently equipped educationally. It is assumed that

candidates are always seen personally by the Matron or some other responsible officer of the Hospital.

The Committee are assured that as a rule the best Nurses are found among those who have spent some time at home after leaving school. Assuming that a good standard of general education has been reached by a girl before leaving school the new system of part-time day continuation classes should enable her while enjoying home life to select a part-time continuation course which would suitably combine subjects of general culture and interest with subjects in a measure preparatory to a future career in nursing, sanitary, or social welfare work. At 18 years of age if the girl definitely desires to become a Nurse certain alternatives might be open to her, such as, to enter at once as a Nurse student in children's wards, or to take special preparatory courses with scientific bias at a Preparatory Nursing School or at some Technical College, and enter at 20 years of age as a Nurse student in a general Hospital. The age of 20 is probably not too young for entrants, provided the course in Hospital is rendered less exacting and strenuous for the physique than at present, and is more generously adapted to meet the natural requirements of young life in the way of off-time facilities ready to hand for recreation, and liberty of action when not on duty.

II.—What System of Theoretical Education is provided?

III.—Over what Period of Training do the Nurses' Lectures and Examinations extend?

IV.—(1). What Course of Lectures are given and by whom?

(2).—Are the Lectures given in the Off-Duty or On-Duty Time?

The Committee do not find it possible from the replies given to these questions to form a clear opinion as to the value (or even the aims) of the training now given in Hospitals in the Theory and Practice of Nursing, or in those technical subjects, the knowledge of which is necessary for a Nurse. They consider it of the greatest importance that a carefully thought-out system of training should be elaborated in every Hospital, under which a Nurse student would receive during her course the requisite amount of theoretical instruction as well as a properly balanced training on the practical side of her profession.

The Committee recommend that time occupied by Nurse students in attendance at lectures should be counted as time spent on-duty.

(3). Is any time allowed during On-Duty for Study?

With the increased off-duty time proposed (question IX., 4) the Nurse student will be expected to devote some of her leisure hours to preparation for lectures and study.

(4). Is any Assistance given to a Nurse who is backward with her Studies?

The Committee, while fully recognising that personal help and encouragement should be given to a backward Nurse by the Medical Staff, Matron, Sisters, and Nurses, cannot recommend

that money should be spent out of funds at the disposal of the Hospital on providing her with special tutoring or coaching.

(5). Is there a system of reporting on the practical work?

The replies show that the Sister of each Ward mostly reports to the Matron. This should be done fully and at regular periods, and a sufficient number of these reports should be made in writing for future reference.

(6). Is the Final Examination conducted by an outside Examiner?

The Committee recommend that there should be an outside examiner to examine the Nurse student in the presence of and in consultation with the Lecturer.

(7). Does a Nurse examine in practical Nursing?

The Committee have been struck by the fact that less than one-half of the Hospitals replying to this question have answered in the affirmative. This is the most important part of a Nurse's work, and none but a skilled Nurse is competent to undertake such an examination. The examiner should not be connected with the candidate's Hospital, but methods necessarily vary in different institutions, and a teacher should be present to represent the training school.

(8). Is a Reference Library Provided and kept well Stocked with current Manuals on Nursing, Medicine, and Surgery?

See Physical Welfare. Question V., No. 6.

(9). What amount of Ward Cleaning is done by the Nurses. Have they to clean the brasses, taps, patients' lockers, chairs, and electric light?

(10). Do the Nurses sweep the Wards after Meals, and the last thing before going off duty?

While they are of opinion that Nurse students should, during their training, acquire full experience by actual practice in the various matters included under ward cleaning and sweeping, the Committee find that there is at present a tendency to require them to spend an undue amount of time and labour on such matters. Relief should be provided by a reasonable increase in the Domestic Staff.

CERTIFICATES.

I.—What type of Certificate is awarded?

II.—Is it a Pass Certificate agreed upon by the Committee of the Hospital, or is it a duly qualified Certificate?

Any Certificates granted by the Hospital should be of one grade only, and show that the Nurse student has satisfactorily passed through a period of training, which should never be less than three years. The introduction of a system of State Registration must necessarily affect the nature of the full certificate which will eventually be needed by every Nurse.

III.—By whom is the Certificate signed?

The Committee recommend that certificates should be signed by:—Chairman of a Hospital; Matron; Medical Lecturers for their respective subjects.

SALARIES.

I.—What are the Salaries for all Grades of Nurses from the Matron down wards?

Under this heading the Committee confine their remarks to the case of Probationers or Nurse students.

The replies show that at present the salaries paid to Probationers vary from £5 in the first year to £42 in the third year, such salaries being invariably increased year by year. The Committee consider that Probationers should be regarded purely as students, and not as salaried officers, and that any money paid to them should be taken as a grant in aid of their training and in no sense as a salary. This being so, no distinction should be made in payments in the different years. It is urged that without considerable help it will not be possible to find a sufficient supply of students to provide for the needs of the Nursing Profession, and the Committee accordingly recommend that the grants should be of £20 per annum upwards; this with Board, Lodging, Laundry, and Uniform (uniform after the first three months) would enable the Nurse student to meet any necessary expense during the training period.

II.—(1). Are Paying Probationers admitted?

(2). What do they pay?

(3). For how long do they pay?

All Nurse students undergoing three years' training should work under the same conditions in every way. In some Hospitals it has been the custom for the higher posts to be reserved for those students who have paid certain fees. This should not be allowed.

In order, however, to meet the demands of Missionary and such-like work, where a certain amount of training is required, paying students can be admitted for short periods. It must be abundantly clear that no form of certificate should be issued to them.

A TISSUE OF MISREPRESENTATION.

We think the National Council of Women should in the interest of truth, and in justice to the Special Committee on the "Economic Conditions of Nurses," publicly correct, and refute the tissue of misrepresentation inserted in *The Hospital* last week, concerning its negotiations with the College of Nursing, Ltd., in this connection.

The elimination at the last moment, upon the recommendation of a few members of the Executive Committee of the National Council, of the very moderate and straightforward explanation appended to the Report, on the "Withdrawal of the Representatives of the College of Nursing, Ltd.," agreed to by the Conference on July 24th, has left it in the power of a partisan press to mislead the public in this matter.

As we received a copy of the Report as agreed on July 24th, not marked "Confidential" we published the explanatory statement in our issue of August 2nd, last, to which we refer our readers.

"THE END OF THE THIRTY YEARS' WAR."

The Nursing Profession all over the world owes a debt of gratitude to Miss Lavinia L. Dock, R.N., for the fearless manner in which she has put forth truth, these many years. The Nurses of Great Britain and Ireland can never repay her for combating specious reports as to the true inwardness of the State Registration struggle in this country. What Miss Dock writes, finds its way into nursing circles all the world over, and especially on the American Continent, North and South, and her résumé in this month's *American Journal of Nursing* under the heading, "The End of the Thirty Years' War," puts the case in a nutshell.

"In December, 1887, when the editor of the Foreign Department had been only one year out of her training school, and had as yet no more grasp on foreign affairs than has a young rabbit, a group of English matrons met at the home of Mrs. Bedford Fenwick, who had just recently married after a short, but brilliant nursing career at the head of St. Bartholomew's Hospital and its school for nurses. Already British nursing leaders had realized the need of standardizing nursing education and protecting it by State recognition. At the meeting in Mrs. Fenwick's home, they organized for that purpose, and thereafter carried on a desperate struggle which was only brought to a close on June 27th, 1919, in the following way.

We have told in this Department, how the fortunate ballot for 'first place' on the calendar of new bills, fell to Major Barnett, who brought in the Nurses' Registration Bill in the present Parliament, and how the College of Nursing bent all its energies to defeating the Bill and bringing in its own, and how a sort of deadlock ensued.

On the twenty-seventh of June, when the Bill was up for debate, 'wrecking tactics,' well known in every legislature, were resorted to, with the result that the newest Cabinet member, the Minister of Health, Dr. Addison, rose in the House of Commons and gave, on behalf of the Government, the following promise:

'I will undertake, at the earliest possible time, on behalf of the Government, to introduce a measure, providing for the Registration of Nurses You may take that as a *bona-fide* pledge.'

The old war-horses are satisfied that this will mean a complete and crowning victory for trained nurses in their long struggle with the Tory and commercial interests that have been arrayed against them. A Government measure cannot so easily be wrecked, and with the resources of the administration put behind it, a Registration Act will go through. Dr. Addison also made some very plain comments on the untenable position of the College

of Nursing, in trying to be, as it were, teacher, examiner, and business controller all in one.

One of the most prominent Matrons on the opposition made a speech not long ago in which she expressed great 'forebodings.' That is the true Tory spirit—always forebodings; never faith, and belief in the rank and file; great forebodings, doubts and fears that the world will move."

INTERNATIONAL NEWS.

AN IMPORTANT NURSING CEREMONY IN BRUSSELS.

The Conseil Général des Hospices et Secours de Bruxelles intends to hold an important Conference in the Hôtel de Ville, in that city, in October, to celebrate the opening of the session of the Nursing School founded in 1904.

This year it is desired to make the ceremony as imposing as possible, and that the Conference shall be presided over by a woman. The Conseil Général has invited Mrs. Bedford Fenwick—Founder of the International Council of Nurses—to interest herself in this Conference, and recommend representatives of the National Council of Nurses of Great Britain and Ireland to attend and take part in this very interesting function. The fact that the heroic Burgomaster Max, of Brussels, so well known throughout the whole world for his glorious courage and philanthropy, is President, and hopes to attend, will add zest to the wish of the nurses of this country to be present and help to make the Conference the success it deserves to be.

STATE REGISTRATION UP-TO-DATE.

After many months of discussion says *Asylum News*, both the Bills for the State Registration of Nurses, of the Central Committee, and of the College of Nursing, have been withdrawn [the Central Committee's Bill has not been withdrawn.—Ed.], the Government undertaking to introduce a measure of its own at the earliest opportunity. It is a thousand pities that the two organising bodies could not have sunk their differences for the common good. Our sympathies go out to the Central Committee, which was not only first in the field, but the Bill which it had promoted was comprehensive enough to ensure the professional status of a vast and valuable body of workers and to safeguard the interests of the community. Why, then, was this measure subjected to such strenuous opposition, by the College of Nursing in particular? Frankly, that body had an "axe to grind"; it desired that the word "limited" should, by statute, be removed from its designation, and this was a leading feature in its own Bill. The Central Committee recognised the College, but the representation on the Council for State Registration accorded to the latter body did not give it the prominence to which it considered itself to be entitled. The other features of difference, such as the relative proportions of Nurses, of

Matrons, and of representatives of Governing Bodies on the Council, could, we feel sure, have been equably adjusted. We can only hope that in the Government measure, which is to be introduced in the near future, the claims of Mental Nurses will, at least, be as adequately recognised as was the case in both the Bills which have recently suffered extinction.

We regret to learn that it has been decided to wind up the Asylum Workers' Association at the end of the year. This is really sad after so many years' hard work, but the truth is, that the Asylum Attendants' Trade Union has detached many of the members, who have come to the conclusion that employees, in self-defence, must adjust their own affairs, and that friendly conjoint association of employer and employed do not meet the needs of the times. We note from correspondence that many trained nurses are also coming to this conclusion. The drastic constitution of the College of Nursing, Ltd., the hon. officials of which are all employers of sorts, has been the dominating factor in influencing many thoughtful nurses to this decision. The truth is the autocratic College Council is sitting on the safety valve. Let us hope the Ministry of Health, by wise and generous legislation, will prevent an explosion.

NURSES' MISSIONARY LEAGUE.

The Annual Valedictory Meeting of the Nurses' Missionary League, to wish God-speed to 34 members sailing for the mission field this year, will be held on Wednesday, October 1st, at University Hall, Gordon Square, W.C. There will be three Sessions between 10.15 a.m. and 9.30 p.m.

All members and friends of the League are cordially invited to be present.

PROGRAMME.

GENERAL SUBJECT: "THE CHALLENGE OF PEACE."
MORNING SESSION, 10.30—12.30.

"The Gospel of Peace."

Conducted by the Rev. J. O. F. Murray, D.D.
(Master of Selwyn College, Cambridge.)

Hymn, Holy Scripture, Prayers.

1st Address: "The Sufferings of Christ."

Interval.

2nd Address: "The Family of God."

Intercession for Doctors, Sisters, and all Members throughout the World.

10.15.—Tea and Coffee, and opportunity for social intercourse.

AFTERNOON CONVERSAZIONE, 2.30—5.

"The Challenge to Service."

Hostesses: Mrs. Sharpe, Mrs. Sturge, Mrs. Taylor Sang, Miss Heather-Bigg, R.R.C. (a Lady of Grace of St. John of Jerusalem), Miss E. M. Smith (China).

Speakers: Miss E. V. Hope (Guy's Hospital), Hinghwa, S. China; Miss A. R. Simmonds (Prince of Wales' General Hospital, Tottenham), Multan,

India; Mrs. Douglas Thornton, "The N.M.L.: Past, Present, Future."

The afternoon affords special opportunities for meeting members from other hospitals, sailing members, and Missionary members on furlough.

Special Music. Refreshments.

EVENING SESSION, 7.30—9.30.

"The Challenge of to-day's opportunity."

Chairman: Lieut.-Colonel W. McAdam Eccles, M.S., F.R.C.S., R.A.M.C., T.

Opening Hymn and Prayer.

The Secretary's Report.

Sailing Members will speak for five minutes each.

Missionary Address: "Our Wider Responsibilities." Miss F. Feare (Prince of Wales' General Hospital, Tottenham), India.

Closing Address: "The Greatness of the Opportunity." The Rev. C. Mollan Williams, M.A. Closing Prayers and Benediction.

Tea and Coffee, 7—7.15.

DEPTFORD HONOURS WAR NURSE.

At a special meeting of the Deptford Borough Council the Mayor, Councillor W. Wayland, unveiled in the Council Chamber an Honours Board erected to the memory of Sister Sophie Hilling, a native of Deptford, who died in France in October from pneumonia at the age of 33 while acting as nurse with the Forces.

UP-TO-DATE INSTRUCTION AT THE ROYAL SANITARY INSTITUTE.

Several Institutes and Societies are extending and adapting their courses of instruction to conform to the new standard of training and education required by the Ministry of Health, and the Board of Education, to qualify for school nurses and school teachers, tuberculosis visitors and women health visitors.

THE ROYAL SANITARY INSTITUTE.

The following course has been begun at 90, Buckingham Palace Road, London, S.W. 1, at 6 p.m. :—

Wed., Sept. 24th. "Personal Hygiene. Importance of Cleanliness."

Fri., Sept. 26th. "The Growth and Development of the Child." J. A. H. Brinckner, M.D.

Fri., Oct. 3rd. "Hygiene of the Special Senses." E. F. Palgrave, M.R.C.S.

Wed., Oct. 8th. "Physical Development."

Fri., Oct. 10th. "Physical Conditions Affecting Health in Schools." E. F. Palgrave, M.R.C.S.

Wed., Oct. 15th. "Elementary Statistics."

Fri., Oct. 17th. "Water." A. Greenwood, M.D.

Mon., Oct. 20th. "School Buildings and Dwellings." Henry R. Perry, A.R.I.B.A.

Fri., Oct. 24th. "Ventilation and Warming." Edward Willis, Assoc.M.Inst.C.E.

Sat., Oct. 25th, at 2.30 p.m. Visits to schools and demonstration of planning, ventilation, and school furniture. Henry R. Perry, A.R.I.B.A.

Wed., Oct. 29th. "Sanitary Appliances."

- Fri., Oct. 31st. "House Drainage." W. C. Tyndale, M.Inst.C.E.
 Mon., Nov. 3rd. "Infant Feeding." A. Beresford Kingsford, M.D.
 Fri., Nov. 7th. "Food, Clothing." A. Beresford Kingsford, M.D.
 Wed., Nov. 12th. "Care of Infants and Young Children." Miss Constance Barker.
 Fri., Nov. 14th. "Elements of Home Nursing."
 Wed., Nov. 19th. "Venereal Diseases." Letitia Fairfield, M.D.
 Fri., Nov. 21st. "Prevention of Communicable Disease."
 Mon., Nov. 24th. "Prevention of Communicable Disease."
 Wed., Nov. 26th. "Tuberculosis." R. Veitch Clark, M.D.
 Fri., Nov. 28th. "Methods of Teaching Hygiene." Miss Constance Barker.

Fee for the course, £2 2s.

Arrangements will be made for each student to attend a course of six infant consultations under the direction of Dr. Eric Pritchard.

MATERNITY AND CHILD WELFARE.

A course of lecture for maternity and child welfare workers, beginning on Monday, September 29th, will be held at the Royal Sanitary Institute. This course, which is open to women only, is supplementary to that for health visitors, given above.

- Mon. Sept. 29th. "Infant and Maternal Sickness and Mortality and their Causes."
 Wed., Oct. 1st. "Ante-natal Hygiene."
 Mon., Oct. 6th. "Care of Mother and Infant." Christine M. Murrell, M.D.
 Tues., Oct. 7th. "Care of Mother and Infant." Christine M. Murrell, M.D.
 Mon., Oct. 13th. "Infant Feeding." G. Eric Pritchard, M.D.
 Wed., Oct. 15th. "Elementary Statistics."
 Fri., Oct. 17th. "Water: Composition, Pollution, and Purification." A. Greenwood, M.D.
 Tues., Oct. 21st. "Infant Feeding." G. Eric Pritchard, M.D.
 Fri., Oct. 24th. "Ventilation and Warming." Edward Willis, Assoc.M.Inst.C.E.
 Mon., Oct. 27th. "Home Visiting and Advice.—Sociological Considerations." Kate Marion Vaughan, L.S.A.
 Wed., Oct. 29th. "Sanitary Appliances."
 Fri., Oct. 31st. "House Drainage." W. C. Tyndale, M.Inst.C.E.
 Wed., Nov. 5th. "Hygiene of the Home." Kate Marion Vaughan, L.S.A.
 Mon., Nov. 10th. "Organisation and Management of Infant Welfare Centres and Clinics."
 Mon., Nov. 17th. "Official and Voluntary Agencies Administering to Child Welfare. The Children Act." Charles Porter, M.D.

Fee for the course, £2 2s. Students wishing to take the two courses together can do so at an inclusive fee of £3 13s. 6d., and can have 10s. 6d. carried towards their fee for examination.

The Royal Sanitary Institute has established an examination in sequence with the present standard examinations for health visitors and for inspectors of nuisances, but requiring a more developed knowledge of the subjects pertaining to child welfare, including ante-natal conditions, and the laws and

regulations relating to, and the organisation necessary for, such work. The subjects specified in the syllabus will include pregnancy, management and care of the mother during the puerperium, care of infants and children, epidemic diarrhoea weights of infants and children, lactation, artificial feeding.

THE BADGE OF HONOUR.



The above is the official device which employers may use on their correspondence paper, after signing the undertaking to support the King's scheme for the employment of disabled men. The Ministry of Labour has prepared the badge in the form of a seal on red adhesive paper, with the design printed in black.

We hope some women employers will be able to use this Badge of Honour.

A NURSES' MEMORIAL HOSTEL.

It is announced that an anonymous donor has promised to give £5,000 towards the erection of a nurses' hostel and an X-ray ward in connection with the Royal Hospital, Richmond. The conditions are that the buildings shall be looked upon as the Richmond War Memorial, and that a further sum of £4,000 or £5,000 be subscribed to complete the scheme, under which a tablet containing the names of the men who have fallen in the war will be put up at the town hall. The town council have appointed a committee to consider the offer.

PRESENTATION.

The name of Mr. E. J. Domville has been known in the Nursing world for many a long day, as keenly interested in higher nursing education, and social conditions for nurses. During the war Mr. Domville returned after many years and did most patriotic work as House-Surgeon at the Royal Devon and Exeter Hospital. Recently the President and Governors recognised their indebtedness to Mr. Domville by presenting him with a handsome grandfather's clock and an illuminated address.

HONOURS FOR MISS CLARA D. NOYES.

Miss Clara D. Noyes has been appointed Director of the Department of Nursing of the American Red Cross, a position she has been filling, as Acting Director, since the death of Miss Delano. Miss Noyes has been decorated with the Patriotic Service Medal. She is a graduate of the John Hopkins Hospital at Baltimore and a prominent professional organiser.

APPOINTMENTS.

MATRON.

Victoria Infirmary, Northwich.—Miss Elizabeth Killingbeck, A.R.R.C., has been appointed Matron. She was trained at the Seamen's Hospital, Greenwich, and has held the positions of Theatre and Staff Nurse at the Women's Hospital, Soho Square; Sister at St. Mary's Hospital, Plaistow, and Assistant Matron, Oldham Infirmary, and has done military nursing in France two years.

Knowle Midland Counties Institution for the Feeble-minded, nr. Birmingham.—Miss K. L. Morrall has been appointed Matron. She was trained at Guy's Hospital and Mount Vernon Hospital for Diseases of the Chest, Northwood. She has been Matron of Air Raid Home for Boys at Seaford, and has done private and military nursing.

Birmingham and Midland Eye Hospital.—Miss L. E. Cushon, R.R.C. with bar, has been appointed Matron. She was trained at the London Hospital, and was Sister in Charge of Ophthalmic Department, and has been Assistant Matron at Lambeth Infirmary and Matron of the British Red Cross Society, Netley. Miss Cushon holds the Certificate of the Central Midwives Board.

ASSISTANT MATRON.

Balham, St. James' Infirmary.—Miss Laura Brown has been appointed Assistant Matron. She was trained at the Royal Devon and Exeter Hospital, and at The Hospital for Women, Soho Square. She has since been Naval Reserve Sister at Plymouth and Haslar, and Assistant Matron at the Royal Portsmouth Hospital.

CHARGE SISTER.

Romford Union Infirmary.—Miss Harriett M. T. Turnill and Miss Lily Lowe have been appointed Charge Sisters. The former was trained at Upper Edmonton Infirmary, and has been Sister at Newport, Plymouth and St. Albans Infirmarys, has done private nursing and been sister at the Auxiliary Military Hospital, Bury St. Edmunds.

Miss Lily Lowe was trained at the Whiston Infirmary, has done private nursing, and acted as Staff Nurse in a Military Hospital.

NIGHT SISTER.

General Infirmary, Harrogate.—Miss E. B. Thorpe has been appointed Night Sister. She was trained at the County Hospital, York, and has done Sisters' holiday duty.

Royal Hamadryad Seamen's Hospital, Cardiff Docks.—Miss Emmie Larkin has been appointed Night Sister. She was trained at the East London Hospital for Children, and has done temporary Sister's duties at St. Peter's Hospital, London, and been on the staff of the South Wales Nurses' Co-operation.

MATERNITY SISTER.

Erdington Infirmary, Birmingham.—Miss K. M. Tugman has been appointed Maternity Sister. She was trained at the General Hospital, Birmingham, and in midwifery at the Women's Hospital, Brighton. Miss Tugman has engaged on military nursing since 1914.

SISTER.

Plaistow Fever Hospital, E.—Miss Harriet McElwain, A.R.R.C., has been appointed Sister. She was trained at the Royal Infirmary, Glasgow, and Ruchill Fever Hospital, Glasgow, and was Acting Sister at the Royal Infirmary, and Staff Nurse in Q.A.I.M.N.S.R. for three years and five months.

BOOK OF THE WEEK.

"THE CITY OF PALMS."*

We have here a capital romance of Anglo-Eastern life. It teems with interest and shows how subtle Oriental revenge and cunning was outwitted by British courage and wit. Sir Denzil Wilkinson, connected with the Embassy and resident in Pera, had, before the death of his only son, been noted as one of the most genial as well as one of the most tactful of diplomatists. The boy's death, under tragic circumstances, had changed him into a saddened man. His wife, though she had adored her son, seemed to bear the blow with greater resignation than her husband, and had regained her outward serenity of manner. The lad's death was connected with disgrace which Sir Denzil had kept the knowledge of from his mother, preferring to bear a secret sorrow rather than his wife should realise the bitterness of the situation.

Briefly, young Colin had become entangled with a woman of doubtful character, and to meet her extravagant demands, had filched from his father's possession, a certain important political document, which he had sold to a Turk of influence, named Rissik. Luckily, the information had been too late to be of any use, but though Colin's death was commonly believed to be attributable to an accident, he had really taken his own life. His treachery was known only to his father and to Rissik.

Rissik, baulked of his purpose, was not the man to forego any advantage that this secret might be worth to him. He had a somewhat original method of blackmail. He was a collector of curios and precious stones, and whenever he desired to add to his collection any specially seductive antique he used his possession of Colin's compromising letter as a threat to Sir Denzil, in order to extort money for its purchase.

There came, at the commencement of this story, to stay with Sir Denzil and his wife a certain pretty niece from her home in Devonshire. She had not been long in her fascinating surroundings before she became possessed of two things—her uncle's secret and the heart of his clever, good-looking, confidential secretary.

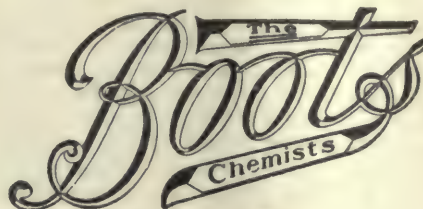
Naturally, being a charming girl, she was much disturbed at the position of affairs and set herself to think of a way out, and she and Lee Eliot, by clever stratagem, become possessed of the letter. Too late, however, to give much relief to Sir Denzil, who had already parted with the greater part of his money to the Turk, and who died just after Sylvia had whispered her successful venture into his ear.

The Turk reminded Sylvia in cold fury that, being an Oriental, "he knew how to wait."

"Miss Knocke, one word. We shall meet again! Oh! yes; I shall make it my business

*By Kathlyn Rhodes. (London: Hutchinson & Co.)

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to know just where you are to be found. We shall meet again; and perhaps, when we meet, it will be Rissik who dictates the terms of our encounter."

The picture is drawn of the Turk, after his loss, sitting, a crouching, sinister figure, realising that for the future, he would have to see richer fellows acquire coveted treasure for which he would give his very soul. He sat until the shadows of evening began to fill the vast treasure rooms—until the call to evening prayer floated softly from the minarets of the neighbouring mosque, and the Faithful hearing, turned their faces towards Mecca and praised Allah, the All-Merciful.

Two years subsequently, Sylvia and Lee Eliot married.

Young Eliot had taken over the mortgage of an oasis of El-Denar, known to the Arabs as the City of Palms, and it was here that Sylvia came as a bride.

Not the least part of the fascination of this book are the realistic descriptions, and pretty Sylvia in her alluring surroundings is portrayed with vivid touches.

"So this," said Sylvia, "is the City of Palms." Here, out at El-Denar in the heart of the desert, the full splendour of the firmament burst upon her with a glory that held her dumb.

Ideally happy in her life, there, with her husband and his friend Roy, there was yet a substantial "fly in the ointment."

A succession of drawbacks to the productiveness of the oasis had reduced Eliot's resources, and when Kissik with true Oriental revenge and scheming, took up the mortgage from its original owner, he threatened to foreclose at a short notice.

The oasis had become the breath of life to Eliot, and his despair at the prospect of losing it was very sweet to the revengeful Turk.

Sylvia's wonderful discovery in the tombs, however, saved the situation, and once more the Turk was baulked.

But he continued his self-imposed visit to them with diabolical suavity, and succeeded in entrapping Sylvia to what was nearly a horrible death.

There is no lack of colour or interest in this book, and we can heartily recommend it to our readers. There is much to be learned from the local colouring, for Miss Rhodes evidently knows her East very thoroughly.

H. H.

COMING EVENTS.

October 1st.—Nurses' Missionary League Valectory Meetings, University Hall, Gordon Square, London, W.C. Morning, 10.15 to 12.30; Afternoon, 2.30 to 5; Evening, 7 to 9.30.

October 2nd, 3rd, 4th.—Incorporated Society of Trained Masseuses. Members' Conference.

October 9th.—Central Midwives' Board: Penal Cases.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

TRAINED NURSES IN PUBLIC HEALTH.

DEAR MADAM,—I am sorry if anything in my previous letter should convey the impression that I undervalue the service of trained nurses in Public Health work.

However, we must face the fact that in the near future there is likely to be such an increase in the demand for P.H. nurses, that the supply of trained nurses will not be able to meet it; and this glaring probability has roused many societies and would-be colleges to submit schemes for the "training" of future candidates in a haphazard fashion, founded on commercial interests. Therefore, I need not hesitate to repeat that P.H. nurses should welcome the scheme promoted by Dr. Addison, which will doubtless save us a long weary struggle in the future to free ourselves from complications which would otherwise arise; a struggle, by the way, similar to that still waging after thirty years to gain standardisation for the three years' hospital trained nurse.

It is not the Ministry of Health which "ignores the claims" of "trained nurses at present out of work." Indeed, they have an open door for at least two years. It is the people who are trying to gain recognition for schemes that would turn out candidates in six months' time who ignore our claims.

I can't agree with Miss Alderman's statement that the Ministry of Health propose to put the girl of twenty after the two years' course "on a level" with the experienced nurse, and there is nothing in the regulations to account for the supposition. In paragraph 8, I find that "such students will, however, often desire to take a further course of training such as that for the certificate of the Central Midwives Board, or they may in the first instance take posts of limited responsibility in infant welfare centres or elsewhere."

Since we have reason to hope for the steady growth of the Ministry in all directions, even to the ultimate control of State hospitals, it seems to me there will be plenty of room for the younger element as time goes on, and much scope for further developments in the scheme. To quote paragraph 9. It is recognised that all proposals will be experimental to begin with, and that some considerable variation may reasonably be allowed.

If the students were to be immediately placed as Health Visitors, &c., I could understand the attitude of Miss Alderman, but "posts of limited responsibility" given to well-educated girls after two years' theoretical study should not be a danger to mothers, babies, or any other patients; especially as they will, no doubt, replace the raw probationers who may not even possess the rudiment of physiology.

Miss Alderman seems to have entirely overlooked this suggestion of practical work, the extent

of which has yet to be defined. Here, indeed, is a point which should be watched and criticised if necessary.

Yours faithfully, ONWARD.

THE ECONOMIC POSITION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—In connection with the exceedingly valuable report on the Economic Position of Nurses, issued by the National Council of Women, I may, perhaps, be permitted to express satisfaction at the general tenor of the recommendations regarding their physical welfare, and more especially as to the time allowed for meals. In a letter read at our Caxton Hall Conference on the Feeding of Nurses, 1910, the Governor of a large provincial Hospital remarked: "Nothing is more important for nurses at the present day, especially for those in Voluntary Hospitals, where funds may be difficult to raise, than a sufficient time for their meals. On several occasions I have advocated that three-quarters of an hour be allowed the staff for the principal meal of the day, the mid-day dinner. But I am always told that half-an-hour is quite enough. I do not believe this, especially when it means that not only the nurses must run back to their nursing, but the scrubbers to their scrubbing, directly they have eaten rather a full and imperfectly masticated meal of meat, vegetables and pudding. I hope your conference will be widely noticed and bear far reaching results. In our fever hospital, where I was on the Managing Committee, we allowed three-quarters of an hour to the dinner and the Matron desires the nurses not to leave till the time has expired."

In his sympathetic and stimulating preface to the Report, Dr. Robert Hutchison expresses the conviction that "it is the æsthetic side of the nurses' diet which most calls for amendment." "There are probably few hospitals nowadays," he adds, "in which the food provided for the nurses is actually deficient in quantity, but there are many in which bad cooking, unattractive serving, and an inadequate allowance of time for meals tend to put the nurse 'off' her food and so lead to waste on the one hand and impaired health and vitality on the other."

On a future occasion I will, with your permission, deal in greater detail with the grave facts brought out, which cause small surprise and will indicate some undisclosed causes and suggest further remedies.

Meanwhile, I should be happy to be of service to any of your readers, *e.g.*, by forwarding the Report, post free 7d., containing Miss Musson's masterly paper, the discussion, Press opinions, &c., with particulars of recently issued Diets for feeding large numbers, and a list of publications, including recipe books.

Yours, &c.,

CHAS. E. HECHT,

Hon. Sec. Hospital Matrons' Committee.
Food Education Society, late National Food
Reform Association, Danes' Inn House,
265, Strand, W.C.2.

KERNELS FROM CORRESPONDENCE.

Co-op Nurse: "Never has private nursing been so scarce, and as we nurses have to pay 35s. a week when waiting, if things don't improve, we must give it up. No doubt the higher fees and cost of living make many people hesitate to have a nurse—they simply cannot afford it. Then in London the large hospitals canvass their honorary staff to give all their work to those on their private staffs. London men have told me this often, and now, no doubt, St. Thomas' men will have to do likewise. We are gradually being deprived of all freedom in practice by these greedy hospital governors. To talk of freedom and liberty in this country is simply a farce."

Ex Matron: "I hope we are going to have a reunion of the Nurses' Organisations to celebrate Peace, and a confab to discuss the lessons of the war. I don't seem to see many of these 'new hearts' at home, which we insisted palpitating in German bosoms."

Stay-at-Home: "What a frenzy of fussy interference is now rampant! First the Government, then the Red Cross. I would that people would mind their own business and let others do likewise."

Probationer of the Future: "I read with interest the reason why so many V.A.D.s do not train as nurses. . . . If those in authority improved conditions under which Nurses work, and treat them more like human beings and less like machines, there would be more encouragement to enter the nursing profession."

NOTICE.

OUR PREFERENTIAL TERMS.

We receive many enquiries concerning our Preferential Terms. The cost of THE BRITISH JOURNAL OF NURSING through a newsagent is 2d. weekly, but Trained Nurses and Midwives who are members of self-governing Nurses or Midwives' organisations, can receive the JOURNAL post free by the payment, through the Office, of an annual subscription of 6s. 6d. Address The Secretary, THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W. 1.

See page ii inside cover.

We regret to be compelled for want of space, to hold over interesting letters on Trained Nurses in Public Health.

OUR PRIZE COMPETITION.

Again we have been disappointed in the standard of Papers sent in, and are therefore unable to award the prize.

QUESTIONS.

September 27th.—What is hyper-pyrexia? What means are available for its reduction?

October 4th.—What is the principal source of infective material in (a) pulmonary phthisis, (b) enteric fever, (c) scarlet fever, (d) diphtheria, and (e) chickenpox? State in detail how the discharge in each case should be disinfected.

The Midwife.

A WHITE PAPER ISSUED BY THE CENTRAL MIDWIVES' BOARD.

PROPOSED DISFRANCHISEMENT OF THE ROYAL BRITISH NURSES' ASSOCIATION.

The amended Midwives' Act gives discretion to the Central Midwives' Board to add representatives, and also to deprive organisations of representation if approved by the Ministry of Health. Acting under these powers a White Paper recently issued contains representations made to the Ministry of Health by the Central Midwives' Board with regard to the constitution of that body and proposed its number should be increased from nine to twelve. Comparing the suggested with the existing representation the alterations are as follows:—

(a) The Ministry of Health to appoint three persons "of whom one shall be a certified midwife," instead of two persons, "one of whom shall be a woman."

(b) The Incorporated Midwives' Institute to appoint a certified midwife as well as a registered medical practitioner as at present.

(c) The Association of Municipal Corporations to appoint one member (new member).

(d) The Society of Medical Officers of Health to appoint one member (new member).

(e) The representation of the Royal British Nurses' Association to cease.

Thus the principle of the representation of thoroughly trained Nurse Midwives is to be swept away—whilst every other interest is provided for—especially groups which employ midwives.

SUGGESTED NEW CONSTITUTION.

Number of Representatives.

Three persons appointed by the said President of the Council (Minister of Health) of whom one shall be a certified midwife on the English Midwives' Roll, preferably one who is, or has been an inspector of midwives, appointed by a Local Supervising Authority.

Four registered medical practitioners, one appointed by the Royal College of Physicians, one by the Royal College of Surgeons, one by the Society of Apothecaries, and one by the Incorporated Midwives' Institute.

One certified midwife appointed by the Incorporated Midwives' Institute.

One person by the Queen Victoria's Jubilee Institute.

One person by the Association of County Councils.

One person by the Association of Municipal Corporations.

One person by the Society of Medical Officers of Health.

By the new constitution of the Board, mid-

wives must be appointed on it for the first time. This is good, but in these democratic times direct representation of midwives should be provided for—and the certified midwives have power to elect certain members of their own profession to represent them on their Governing Body.

A REACTIONARY PROPOSITION.

But what of the reactionary proposal to disfranchise the highly qualified and efficient Nurse-Midwife—until now represented through the Royal British Nurses' Association? This is a step backward indeed, and will naturally discourage still further the practice of midwifery by women holding the dual qualifications of nursing and midwifery certificates. It seems almost incredible that the members of the Central Midwives' Board should not realise the suicidal policy of this retrograde proposition.

We hope the Royal British Nurses' Association will draw the attention of the Minister of Health to the following facts:—

(a) That it is for the public benefit that trained nursing should be represented on the Central Midwives' Board, because certified midwives do not only deliver the lying-in woman, but nurse her for ten days after confinement.

(b) That it is desirable that Matrons of Maternity Hospitals and Sisters-in-Charge of Maternity Wards in hospitals and infirmaries, and others practising as private maternity-nurses, and those holding public health appointments, should be thoroughly trained and add midwifery to their nursing qualifications.

(c) It may be argued that there are not many members of the Royal British Nurses' Association who work as "practising midwives," i.e., certified midwives practising in the homes of the poor in rural districts, but that is a reason for improving the conditions of contract and service of such midwives of the high standard and dual qualifications, possessed by all certified midwives who are members of the Royal British Nurses' Association and kindred societies of trained nurses.

(d) Under the Ministry of Health there will be scope for the service of large numbers of highly qualified women, and it is important to encourage trained nurses to qualify as midwives, instead of discouraging them by depriving them of representation on the Central Midwives' Board.

We hope Matrons of Maternity Hospitals and Sisters of Maternity wards will petition against the disfranchisement of the certificated Nurse-Midwife.

NURSING AND EXPECTANT MOTHERS.

At a recent meeting of the Privy Council held at Balmoral, powers in reference to the treatment of nursing mothers and expectant mothers were transferred from the Ministry of Education to the Ministry of Health.

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EDITORIAL.

A VENEREAL PREVENTION COMMITTEE— A NEW MOVEMENT.

Ever since, as Matron of St. Bartholomew's Hospital, upwards of thirty years ago, when it was our duty to visit daily the venereal wards in that institution, we have wondered at the criminal ignorance of the people on the horrors of this group of diseases, largely the result of a miserable and vulgar prudery, which we hope a few strong and great-hearted people will now combine to sweep away.

There are hopeful signs. The lay press no longer boycotts truth on this question of absolutely vital importance to the well-being of the people, and men and women are no longer afraid to acquaint themselves with details, and in realising tragedy, to brace themselves to help to prevent in the future the misery resulting from moral cowardice in the past.

We have always been sane on the venereal question, and call for punishment where the law dealing with cruelty has been violated. And for one human being to infect another, born or unborn, with venereal virus, calls for a punishment commensurate with the crime. But what is to be done where ignorance is so colossal, that thousands of human beings run horrible risks to health, happiness and life, without means of protection? They must be instructed and protected, and that brings us to the discussion on the principle of self-disinfection which is now dividing experts and others honestly desirous of stamping out this devastating disease.

A White Paper recently presented to the Ministry of Health contained the decision that the official recognition of self-disinfection in civilian venereal disease is "neither desirable nor practicable," and this decision has inspired a number of medical men to ask their fellow-citizens for the action which they consider urgently necessary, in the interests of the national and racial health, but which the official forces of the nation find themselves unable or unwilling to take.

These men, all trusted leaders in medical science and practice, have formed themselves into a Venereal Prevention Committee, and state in the Press:—

"There are evidently only three possible courses:—

(1) To take no action against venereal infection, apart from moral teaching.

(2) Delayed disinfection (early treatment centres).

(3) To teach and provide immediate self-disinfection.

We all agree in rejecting (1).

The White Paper recommends (2), but the provision of centres for delayed disinfection is not, and never can be, adequate. The London County Council, the greatest urban authority in the country, has rejected the scheme. No method is even suggested that could be worked in rural districts. The practical difficulties in town and country alike are insuperable. Time, the vital factor, is necessarily lost in every case.

There remains only (3), immediate self-disinfection. We maintain that venereal disease is thus preventible; that authoritative teaching on the subject is urgently required; and that the means, together with approved instructions for their use, should be readily accessible to the public.

We fail to recognise any moral distinction between the provision of delayed disinfection at centres and the provision of immediate self-disinfection, and we decline the grave moral responsibility of attempting to conceal the knowledge which is capable of saving myriads of the innocent, living and unborn, from the most hideous disease of body and mind."

The work of this Committee has our warmest sympathy, and we earnestly hope that the reasoned and authoritative statement which it has issued will so deeply impress both the Government and the public that adequate legislation may be speedily proposed and carried into full effect. Only by such means, enforced by an enlightened public opinion, can this terrible scourge be stamped out.

OUR PRIZE COMPETITION.

WHAT IS HYPER-PYREXIA? WHAT MEANS ARE AVAILABLE FOR ITS REDUCTION?

We have pleasure in awarding the prize this week to Miss E. H. Gibert, Charing Cross Hospital, W.

PRIZE PAPER.

Elevation of temperature is an essential symptom of fever, and as the normal temperature of the body averages about 98° Fahrenheit in the case of adults (though 99°—100° in children), anything above that is classed under the following heads:—

- 99°—101° slight fever.
- 103° definite fever.
- 104° pyrexia; while if
- 105° and over, *hyper-pyrexia* is the term applied.

The body can survive a temperature of 104° for a short time, but one of 105° or 106° will, if maintained after a period of forty-eight hours, prove a danger to life, as tissues are being destroyed more rapidly than they can be replaced.

Children will endure a raised temperature for a longer time than the old or infirm. In ordinary fevers it is these pathological processes through which the tissues are passing, rather than the actual temperature, which endangers life, and therefore reduction of temperature is only secondary to the treatment of the disease. Therefore the Medical Officer must determine as to which treatment is to receive primary attention.

If the result is reduction of temperature, then the nurse must know at least some of the methods by which this can be accomplished.

Common sense must be displayed and attention to ventilation of the room or ward given; removal of superfluous personal clothing and bed-coverings; all of which will require a certain amount of tact, as the patient frequently complains of feeling cold. Cradling with ice-bags suspended within a few inches over the patient's body, cold or ice-packs, tepid or iced sponging, may be employed. This last process should be carried out at intervals of four hours between each, and effected by means of light strokes, always towards the heart; with a sponge sufficiently wet to allow drops of water to remain on the patient's skin, which can be lightly dabbed after.

Throughout any of these treatments it is essential that the extremities are always warm, and one well-covered hot bottle placed at the feet is generally sufficient for this purpose.

More drastic measures may be taken by lowering the patient into a bedside bath prepared with water T. 98°, and reduced by the addition of ice till cold.

Here the patient must be most carefully watched, and must be immediately removed should any signs of collapse be shown. Before this measure is taken, the directions of the Medical Officer must be obtained, as is of course also necessary for the administration of drugs.

These belong to a class called antipyretics, the chief of them being quinine, salicylates, phenacetin, aspirin, antipyrin, aconite; also alcohol; generally given four hourly in the shape of fluids, pills or tablets. The nurse must know the effect these drugs may have on her patient, and be prepared to treat the condition arising as a result of their administration. Profuse sweating is the most common result, in which case the patient must be rubbed down with a clean and dry towel, personal clothing changed, and bedding if necessary. The hair should be lightly brushed or even combed through, and a warm drink given when all is done, after which the patient will probably fall into a refreshing sleep, on awaking from which the temperature may be discovered to be nearly normal.

Sleep might be almost called one of the most important means for the reduction of temperature, and means therefore to obtain it may be used. Alcohol is one of these, but must only be used according to medical orders.

When the condition is obtained, it is essential that nothing shall disturb it; even other treatments should be held in abeyance to promote its continuance. As, again, sleep depends largely on comfort, it is of the utmost importance that an efficient nurse should always bear in mind how much depends on her and her skill in rendering every service, and giving attention to the smallest detail which shall be the means of gaining that comfort in its very highest degree.

HONOURABLE MENTION.

The following competitors have received honourable mention:—Miss J. D. I. Waugh, Miss E. O. Walford, Miss Adeline Douglas, Miss Lucy C. Cooper, Miss A. M. M. Cullen, Miss D. Roberts, and Miss Mary Bates.

QUESTION FOR NEXT WEEK.

What is the principal source of infective material in (a) pulmonary phthisis, (b) enteric fever, (c) scarlet fever, (d) diphtheria, and (e) chicken pox? State in detail how the discharge in each case should be disinfected.

NURSING ECHOES.

The Association of Trained Nurses in Public Health Work has decided to use THE BRITISH JOURNAL OF NURSING as its official organ, as nearly all the members take the Journal. To this arrangement the Editor is pleased to agree, and as far as space permits will do all in her power to further the work of Public Health Nurses. We think certificated trained nurses must realise that their profession is at a very critical stage of its development, and without real self-sacrificing devotion to its interests, and independent organisation, it will be impossible to raise its status and gain for it, from the State and the public, recognition of its very responsible work in the scheme for the betterment of National Health. It is incredible, as we report in another column, that Trained Nursing is to have no representative, or any recognition as an ancillary service to medicine, on the Consultative Council of Medical and Allied Services, or indeed on any of the Consultative Councils for England nominated by the Minister for Health—himself a medical man.

The Ministry of Health have sanctioned the following salaries in respect of the nursing staff at the West Ham Union Infirmary, Whipps Cross:—Matron, £175 per annum, rising by £12 10s. annually to £200 per annum; Assistant Matron, £135 per annum, rising by £5 annually to £145; Tutor Sister, £125 per annum, rising by £5 annually to £135; Home Sister, £110 per annum, rising by £5 annually to £120; Office Sister, £100 per annum, rising by £5 annually to £110; Night Superintendents, £85 per annum, rising by £5 annually to £95; Ward Sisters, £70 per annum, rising by £2 10s. annually to £90; Staff Nurses, £55 per annum, rising by £2 10s. annually to £60; Probationer Nurses, £20 first year, £25 second year, and £30 third year.

This is a great advance on the previous remuneration of the Nursing Staff, and with everything found in these expensive times, will no doubt thoroughly satisfy them. We could have wished to see the Matron's arduous and responsible duties valued at a somewhat higher figure. In comparison with other head officials, especially young doctors, the scale is not generous. This infirmary contains some 750 beds, and we suggest that the Matron's salary should not commence at less than £200 for 500 beds, and £250 for 750 beds. Few

Guardians or members of the public realise the strain of the Matron's Department in these days.

We are always lost in admiration at the manner in which the *Poor Law Officers' Journal* is edited. It appears to get Poor Law nursing news well in advance of any other journal, and reports nursing politics in a very fair and understanding manner.

The Township Infirmary at Leeds is to lose the very valuable services of Dr. Faith, who is going to Manchester, and on the eve of departure he was presented with unlimited expressions of goodwill, and with an obstetrical outfit by Dr. Allan, the Medical Superintendent.

Miss F. Parker Spann, the Matron, speaking on behalf of the Nursing Staff, thanked Dr. Faith for the great help he had been to them, not only in the lecture room and the wards, but also as a devoted friend. The Nurses' League, she continued, was under very great obligation to him, because without the "Journal," which he edited, the League would have been impossible. She hoped he would accept their gift that night as a token of that appreciation and esteem which he had won from the staff during his years of service, and especially during the arduous and trying days of the influenza epidemics.

In reply, Dr. Faith, who was enthusiastically received, thanked his colleagues for their kindness to him in a most feeling manner, and said:—"You will forgive me if I dare not trust myself to speak of all I owe to Dr. Allan, Miss Spann, and the rest of the staff; and I refer not only to the present staff, but also to that goodly company since I have been here, who came, finished their time, and passed onward. I hope that this poor return I make in these simple words will find its way to many scattered friends, who still retain pleasant memories of happy hours spent here, and who, I am glad to say, still keep in touch with us and with each other through the medium of the Nurses' League.

"I cannot hope to find words to thank you for your very valuable, very practical, and very magnificent gift. I can only say that I am very proud, but also very undeserving of the sentiments of goodwill and friendship which I know accompany it. I thank you from the bottom of my heart, and wish you goodbye; and wish you, while you are here, good comradeship, fellowship and friendship; and when your time comes to leave, I wish you treasured memories such as those I carry away with me."

PREPARING FOR EVENTUALITIES.

When the disastrous strike of Railwaymen took place, the British Federation of Medical and Allied Societies, together with the Fellowship of Medicine, promptly formed a conjoint Medical Emergency Committee, to be ready for service should any serious accident take place, as a result of a breach of the peace, and to prevent, as far as possible, any inconvenience to the public from lack of transport where the medical and ancillary services are concerned.

On Sunday last Mrs. Bedford Fenwick had the following letter addressed to Sir Eric Geddes, Minister for Transport, from the office of the Registered Nurses' Society. It was at once considered, and promptly referred to the Medical Emergency Committee, which has the matter in hand.

THE REGISTERED NURSES' SOCIETY,
43I, Oxford Street, W.

TO THE RIGHT HONBLE. SIR ERIC GEDDES,
Minister for Transport.

SIR,—I venture to bring before your notice the hardship incurred by the trained sick nurse at this serious crisis and to ask your help in the matter. Our nurses go to cases in all parts of the country and if transport is impossible for them, it means the loss of livelihood to them and serious menace to their patients.

To give one concrete instance: A nurse is engaged to go to a maternity case in Kent to-morrow and at present it appears that she will not be able to fulfil her contract.

May I venture to hope that His Majesty's Government will find some means of enabling the nurses to fulfil their engagements, and thus prevent serious injury to this body of workers, and through them to the community at large.

I am, Sir, yours faithfully,
HENRIETTA HAWKINS
Secretary (pro. tem.)

All communications from private nurses, or their organisations, desiring facilities for keeping their engagements with patients at a distance, should be addressed to the Secretary, Medical Emergency Committee, House of the Royal Society of Medicine, 1, Wimpole Street, London, W.1.

THANKS FOR GIFTS.

Miss E. M. Newman writes from the C.E.S. Mission Dispensary, Rainawari, Srinagar, Kashmir, to thank the two friends of the Scottish Nurses' Club, Glasgow, who in reply to her appeal sent her a pair of rubber gloves: "I have never seen such nice ones," she says; but three more pairs are needed, and a dozen rubber finger stalls, to make up the loss by fire, for which she will be very grateful.

THE NURSES' MISSIONARY LEAGUE.

The Nurses' Missionary League is holding its valedictory meeting as we go to press, the programme of which is of great interest to members of our profession, especially to those with the missionary spirit.

LIST OF SAILING MEMBERS.

The following members of the Nurses' Missionary League have sailed or are sailing for service in the Mission Field under the auspices of various Missionary Societies:—*Church Missionary Society*: Miss M. S. Budd (trained Sunderland Royal Infirmary), to Mengo; Miss M. Gaze (trained Addenbrooke's Hospital, Cambridge), to Punjab; Miss Goudge (trained Guy's Hospital), and Miss M. Jago (trained South Devon Hospital, Plymouth), to West China; Miss D. Melowes (trained St. Mary's, Paddington), to Multan; Miss Dyce Sharp, to Egypt, Miss J. Lloyd, to Persia, and Miss K. A. Moore, to Egypt, all trained Royal Sussex County Hospital, Brighton; Miss McKitterick (trained Westminster Hospital), to Persia; Miss Reeves (trained Croydon Infirmary), to Mengo; Miss Seagrave (trained Prince of Wales's Hospital, Tottenham), to Persia; Miss Sillett (Australian C.M.S.), (trained Gippsland Hospital), to Ranaghat, India; Miss E. E. Weeks (trained King's College Hospital), to Punjab. *London Missionary Society*: Miss M. E. Marten (trained London Hospital), to China; Miss D. Wyon (trained Prince of Wales's Hospital), to Shanghai. *Baptist Missionary Society*: Miss F. G. Clarke (trained City of London Infirmary), Miss Harding (trained Hackney Infirmary), Miss F. E. Ingram (trained County Antrim Infirmary), Miss F. J. Smith (trained Greenwich Infirmary), to the Congo; and Mrs. Mill (trained Guy's Hospital), to the Congo Belge. *Church of England Zenana Missionary Society*: Miss Baker (trained Guy's Hospital), to India. *South American Missionary Society*: Miss M. L. Barnsdale (trained Highgate Infirmary), to Chili. *Wesleyan Methodist Missionary Society*: Miss A. Chapman (trained Lambeth Infirmary), to North India; Miss M. Cross (trained Hull Union Infirmary), to South India; Miss H. Meade (trained the Prince of Wales's General Hospital) and Miss J. Webster (trained Nottingham General Hospital), to India. *Universities Mission to Central Africa*: Miss M. C. Mummery (trained Guy's Hospital), to Africa; and Miss Wilkes-Dawson (trained Kingston Infirmary), to Nyasaland. *English Presbyterian Mission*: Mrs. Cheal (trained London Hospital), to Formosa. *Edinburgh Medical Missionary Society*: Miss K. Drummond (trained Seamen's Hospital, Greenwich), to Munkden. *C.A.M.*: Miss A. E. Evans (trained Hackney Infirmary), to Central Asia. *Evangelical Union of South America*: Miss M. Gould (trained Royal Free Hospital), to Peru. *United Free Church of Scotland*: Miss W. H. Sutherland (trained St. Bartholomew's Hospital), to Madras. *Cowley-Wanage*: Miss E. M. Wolfe (trained Guy's Hospital), to Kaffra ia.

A chemist charged with supplying cocaine and other drugs to an unauthorised person pleaded in defence that the lady to whom he supplied the drugs, the wife of a doctor, went to his shop in nurse's uniform! He was acquitted.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

WAKE UP, PRIVATE NURSES!

During the past few weeks, scarcely a day has passed without some nurse drawing our attention to the present condition of private nursing practice, and every Co-operation appears to be feeling more or less the scarcity of work. The whole position of affairs is such as to indicate that unless private nurses proceed to "set their house in order," private nursing, as an independent branch of the profession, will, in the course of a few years, cease to exist. There is not the slightest use in appealing to committees to bolster it up—they cannot make "cases." The effort, to be effective, must come from the mass of the private nurses themselves, and there are evidences that they are at last beginning to realise this. The question, however, is whether the majority will do so or whether they will be content to slide along with the reflection that "*some day at some time things will, of themselves, all come right.*" They won't; wrongs never are righted without effort and very often strife; indeed, there is no evolution without the latter. Dangers such as those which threaten the private nurses cannot be averted, without organisation, co-operation, comradeship, courage and initiative on the part of those concerned. *Together*, they must face the question as to what are the direct causes of the "depression," if one may so express it, in private nursing work; and that there is, *less* work to be done is not one of them. Of course, one factor in causing the general "slackness" lies in the increased cost of living and consequent rise in the fees charged by nurses, while the effect of adding an additional member to the household becomes a serious matter in many families. Then there is the fact that large numbers of nurses, recently demobilised, have joined the ranks of private nurses, either permanently or for a time. Again we have to remember that, while fully trained nurses were doing their duty to their country during the years of war, many half-trained people, not eligible as Army nurses, have got themselves firmly seated in the saddle by building up their connection at a time when there was a very great scarcity of nurses. But there are still more serious conditions which might be remedied if only the nurses would cease to move about in a walking sleep,

and if they would realise to the full extent how their hardly won qualifications are being undermined. In the first place, one has only to look around to find the general tendency to open up many branches of work, which the nurses are better qualified to undertake than any others, to all classes of partially trained people. Only last week THE BRITISH JOURNAL OF NURSING drew the attention of nurses to the fact that a member of the Council of the College of Nursing was advocating the employment of V.A.D.s for work connected with combating venereal disease. We see the Red Cross Society offering them what it regards as the necessary training for public health work, and this raises the contention that it is impossible for the Chairman of the College, who is also Chairman of the Red Cross Society, to serve *impartially* the interests of both trained nurses and V.A.D.s. Again, we know that a course of training in health work is to be opened up for girls of eighteen and upwards, which will qualify them as health workers and, if the nurses do not get their profession standardised, they may yet find that a three years' certificate will come to be regarded as inferior to that granted after such a course. Already, many women with less than three years' hospital training, some with no hospital training at all, hold public health appointments, and we know that many nursing homes employ nurses without certificates in general training. Some may argue that these facts do not affect the nurse doing private work in the ordinary way. They do affect her very seriously indeed, for they tend to make private nursing the overflow tank into which drift most of those who, had they not been undersold by the "half-nurses," would have found a living elsewhere, instead of coming to compete where the ranks are already sufficiently well filled.

Had the nurses' Registration Bill been permitted to pursue an uninterrupted course through the Houses of Parliament, we should have had a clear distinction between the trained and the half-trained in the eyes of the State, the Doctors and the public; and the latter would soon enough have learned to insist that nothing but the best was good enough where the health of the British people is concerned. But the nurses' employers well knew that to allow a Bill to pass which gave such measure of self-government to the nurses,

and such protection for their qualifications, must inevitably curtail, to a very great extent, the present supply of cheap nursing labour. Hence their tactics, after riding State Registration as their stalking horse for nearly four years in order to recruit for the College, of using up the time left to the Bill by "talking it out" on amendments already refused them in Standing Committee.

Space will only permit us to deal with the question before us to a limited extent, but before closing we must refer to what is, perhaps, the most serious danger of all to the private nurse, and that is the way in which the great hospitals, supported by charitable contributions, are stretching out their tentacles and endeavouring, with no small measure of success, to secure for themselves the private nursing practice. Would they dare to try such a thing where medical practice is concerned? Probably but few doctors will have time to look into the injustice of the thing and quite naturally many will respond to the appeal to support their own *alma mater* when they go out into practice. No doubt it will be argued that some of those hospitals run their staffs on co-operative lines, but this does not alter the fact that they have no right to introduce, for profit, their own interests in any way whatever into the economics of the profession. The chances are that more and more, only their own nurses will be taken on their private nursing staffs and, of those, only the younger nurses and those who have found favour in the sight of the Matron. The schools undertake to train the nurses but, as regards private nursing work, there should be a fair field and no favour. Hundreds of nurses have been driven out into private work because they could not provide for a possible rainy day, for their old age or for those more or less dependent on them, from the small salaries allowed to them in the hospitals after years of arduous training. If the greed of the institutions is going to be allowed to capture what has more or less generally been regarded as belonging to the independent nurses, those last will simply become practically no more than the wage slaves of the institutions in time.

Some private nurses are fully alive to the fact that their birthright is being taken from them, and are making unselfish efforts to try to rouse others to retrieve the position. Are they to remain as voices crying in the wilderness, or will their fellow workers come forward loyally and seriously and fearlessly and consider what can be done? It is proposed that we should hold a conference shortly on the subject, and we shall be very glad to hear from any nurses who will be willing to take part in this.

ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

A Conference will take place under the auspices of the above Society at the Offices of the Royal British Nurses' Association, 10, Orchard Street, Portman Square, W., on Saturday, October 11, at 3.30 p.m., when Miss Freear will read a Paper on

Nursing Schools. All nurses interested in Infant Welfare work and subjects related thereto should make a point of attending and it is hoped that they will take part in the discussion which will follow the Paper. Fully trained nurses are invited to attend the Conference, and tea will be served at 10, Orchard Street, at its close.

CORRESPONDENCE.

Whilst welcoming communications from its Members the Corporation does not hold itself responsible for individual expressions of opinion.

To the Secretary, R.B.N.A.

MY DEAR MADAM,—Would you please convey to my fellow members of the R.B.N.A. how very much I appreciated the kind good wishes sent to me from them through our Journal, and also their kind thought in sending a telegram to greet us on our return from the Church.

I am very pleased to have been elected on the General Council and Executive Committee, and will do my best to attend the Meetings and give any help in my power to further the work of our Association.

With very kindest thanks to all

Yours very sincerely,

C. M. COLLETT (*née* Cave-Browne-Cave.)

11, Cornwall Mansions,
Clarence Gate, N.W.1.

To the Secretary of the R.B.N.A.

DEAR MADAM,—I quite agree with your correspondent as to her suggestions for a coat of arms for the College, and I am not very sympathetic about their difficulty for I consider they are just being punished for a thing that happened a few years ago. Do you remember how, one morning Miss Swift telephoned to you at the office and asked you to go over and see about a new badge for the united body. You told her that our President had said that she did not wish the badge to be changed, and Miss Swift replied that Mr. Stanley did not like it. Do you remember how you put up the receiver and were so shocked and said, "And yet he said it was a pretty badge and promised the President that of course it would remain"? College Ethics again! Rumour has it that the College got a well-known lady artist to design a badge and had to return it because she put a crown on the top. So the R.B.N.A. badge has its good points after all. Like the paint brush, it has been by diverse ways to many places and it is not turned down yet. I still wear mine with pride and often wonder if I still would have sported it if the good ship of the R.B.N.A. had been having its helm guided by "College Ethics." Anyhow, if through jealousy, they wrecked the Nurses' Registration Bill we still have the Charter to help us to fight for further professional status.

Yours sincerely,

A FIGHTER FOR RIGHT.

(Signed) ISABEL MACDONALD,
Secretary to the Corporation.

10, Orchard St., London, W.

STATE REGISTRATION UP-TO-DATE.

Parliament will re-assemble on October 23rd, and then we shall have State Registration on the *tapis* again.

It is to be hoped that the Ministry of Health is drafting its Bill, so that the Central Committee, and other nurses' organisations may give considered thought to this vitally important question. The lack of status and protection for nurses in Britain has now become a world-wide scandal. We want to see the Bill on the Statute Book this session.

TRUE TALES WITH A MORAL.

Recently in Marylebone Road we were struggling to get into a mackintosh coat in a gust of wind and rain. There came along a pleasant looking V.A.D.

"Can I help you?" she said

We accepted help gratefully and then we walked on together.

This nice pleasant woman talked of her work during the war, and wore with pride her Red Cross Medal.

"And what are you going to do now?" we asked.

"Oh! now I am doing private nursing—you see I kept myself through the war, and my people can't afford to keep me in idleness. I have had some very good cases, the doctors are so kind."

"But" we asked, "Do you think that is fair to the trained nurses?"

"I don't injure them," she replied emphatically, "I only ask two guineas a week, and they get three."

"Or they don't get it" we said. Then we conversed on nursing economics, but lack-a-day, we fear to little purpose.

Doctors, please ponder on this true little tale.

QUEEN MARY'S HOSTEL FOR NURSES.

Queen Mary's Hostel for Nurses, until recently located in Russell and Bedford Place, is now on the point of being re-opened in charming new premises at 94, Queen's Gate. A more fortunate situation could hardly have been chosen, closely abutting as it does on the Park, providing as it will a delightful source of rest and recreation to the hostel guests. The quiet of the neighbourhood will also be much appreciated by overstrained nurses. The house itself is well suited to its purpose. The corridors are light and well-ventilated and the rooms spacious and lofty. The passages all distempered throughout with oyster white with a dado of heavily embossed white paper. On the ground floor is a cosy writing-room where the guests can do their correspondence and receive their visitors.

The dining room on the same floor is to be furnished with small tables, thus averting anything like institutional arrangement. On the first floor is the bright sunny drawing room, with its plen-

tude of easy chairs and couches upholstered in blue tapestry shot with rose colour; the polished floor has blue hair mats. The bedrooms, varying in shape and size, are in some cases to accommodate four guests, and are provided with pretty screens draped in charming chintzes which will secure the necessary privacy. Some fortunate individuals will have the privilege of a room to themselves, and there was one charming little room which will be much coveted.

The bathrooms are desirable and well appointed. Tired nurses will not have to toil up the stairs to their rooms, for there is an electric lift, which is not only easily worked but is quite safe even for the inexperienced to manipulate.

Hitherto these hostels have been for the benefit of military nurses on leave only, but under the altered conditions the claims of civilian nurses are to be considered.

After careful consideration the Committee have decided to give the preference to the Queen's Jubilee Nurses, who have rendered such invaluable and unostentatious service during the war, but as the demobilization of the military nurses proceeds the privilege to civilian nurses will be extended in other directions.

One often hears of town-worn workers needing country air, but the claims of workers in the rural districts are not so often considered. To many a nurse buried in the country and depressed by the monotony of her life, a holiday in this delightful home will be a real godsend.

The hospitality is free to all successful applicants, so that money saved for a hard earned holiday can be spent in the rare delight of theatres and concerts.

It need hardly be said that the Hostel is not intended for the more fortunate who have means at their disposal for making holiday. Application is made to the lady superintendent, Miss Bankhead, through the head of the particular branch to which the applicant belongs, and each case is decided on its merits.

These Hostels are supported by private donations and by a grant from the British Red Cross.

We congratulate the Committee on giving preference to Queen's Nurses, and in its choice of the Lady Superintendent, who, at the Russell Square Hostel, had the welfare and happiness of her guests so much at heart.

H. H.

A BELATED REPORT.

The Nation's Fund for Nurses has now been advertising for money for this "war charity" in the public press for two years. So far the audited accounts of its receipts and expenditure have not been submitted to the public. The nursing profession which is of opinion that this long continued charitable appeal upon its behalf is calculated to injure its prestige and economic stability, has a right to know how the money is being expended. We call once more on Lady Cowdray, the Hon. Treasurer of the Fund, to issue a financial report.

THE INCORPORATED SOCIETY OF TRAINED MASSEUSES.

CONSULTATIVE COUNCILS—MINISTRY OF HEALTH.

MEMBERS' CONFERENCE, OCTOBER 2-4, 1919.

The following most interesting Conference has been arranged to take place this week, and will be, no doubt, widely attended.

PROGRAMME.

THURSDAY, OCTOBER 2ND.

11 a.m. Lecture by Capt. Wood Jones, R.A.M.C., on "What we know of Ourselves," at the Royal Society of Arts, 18, John Street, Adelphi, W.C. 2.

2.30 p.m. Major Elmslie, R.A.M.C., will lecture on "Deformities of the Spine," at St. Bartholomew's Hospital, E.C., after which, by kind permission of the authorities, members may visit various departments of the hospital.

6 p.m. Lecture on "Diathermy, with Notes on the Melted Paraffin Wax Bath and Tungsten Arc Light," by Capt. Humphris, R.A.M.C., at the Armitage Hall, 224, Great Portland Street, W. 1, kindly lent by the National Institute for the Blind.

FRIDAY, OCTOBER 3RD.

11 a.m. Lecture by Dr. Justina Wilson on "Diseases of the Respiratory Tract," at the Royal Society of Arts.

2.15 p.m. Visits to various departments at St. Thomas's Hospital, S.E. 1, by kind permission of the authorities, to be followed at

3.15 p.m. By a demonstration of gymnastic work in connection with the treatment of War Pensioners, &c., by Miss Randell, Sister-in-Charge of the Massage and Exercises Department.

4.15 p.m. Through the courtesy of the hospital authorities tea will be served to members.

6 p.m. Lecture by Col. A. H. Tubby, C.B., C.M.G., on "Stiffness of Joints," at the Royal Society of Arts.

SATURDAY, OCTOBER 4TH.

11 a.m. Lecture and Demonstration by Major Mackay, R.A.M.C., on "Muscle Re-education," at the Royal Society of Arts.

Tickets, duly filled in, *must* be produced for admission to any part of the Conference.

The members of the Journal Sub-Committee will be acting as stewards throughout the Conference, and will be wearing dark red and blue badges. They will be glad to be of use in answering questions, giving directions, or helping in any way those attending the Conference.

TIRED NATURE'S SWEET RESTORER— BALMY SLEEP.

He—like the world—
His ready visit pays
When fortune smiles,
The wretched he forsakes.
Swift on his downy pinions
Flees from woe,
And lights on lids
Unsolled with a tear.

The Ministry of Health announces:—

"When the Ministry of Health Bill was before Parliament, it was made clear that the Ministry when established would seek advice on a variety of subjects within its province from advisory bodies chosen so as to include men and women with full practical knowledge of the questions on which they would be asked to advise. These bodies are called in the Act Consultative Councils and their constitution and functions will be found in the Order in Council of August 18th, 1919. In the case of England they will be four in number and will consist of the Consultative Council on Medical and Allied Services, the Consultative Council on National Health Insurance, the Consultative Council on Local Health Administration and the Consultative Council on General Health Questions. The Secretary will be Mr. Michael Heseltine, C.B., Ministry of Health, Whitehall, S.W. 1. The Councils will consist of twenty members each, including a chairman and vice-chairman, but they may, for special purposes, appoint committees on which other persons may be co-opted, so that particular problems will be considered with the help of those who have made them a special study.

"The membership of the Consultative Council on General Health Questions, which will also be twenty in number, is not yet completely settled, but at least half of its members will be women."

CONSULTATIVE COUNCIL ON MEDICAL AND ALLIED SERVICES.

"To this Council will be referred such problems as the national development and extension of medical, nursing and midwifery work, and it is proposed that for some purposes it should, in accordance with the arrangement outlined above, act through committees more specialised than the Council itself. Its members have been chosen from the fields of specialist medicine and surgery, general practice, both private and insurance, the public health services, the work of women in medicine (particularly the care of mothers and infants), hospital administration, and the application of other branches of science to medicine.

"It is intended that when questions are under consideration that specially affect the nursing and midwifery services of the country, the Council should be assisted by the appointment of a Committee consisting partly of its own members, but also including practising nurses and midwives and other persons, not members of the Council, who have devoted themselves specially to the study of nursing and midwifery questions."

The Council will consist of the following:—

Chairman: Sir Bertrand Dawson, G.C.V.O., C.B., M.D., F.R.C.P.

Vice-Chairman: Colonel C. J. Bond, C.M.G., F.R.C.S., F.L.S.

Norman G. Bennett, Esq., M.A., M.B., B.Ch., L.D.S., Eng.; R. A. Bolam, Esq., M.D., B.S., M.R.C.P.;

Victor Bonney, Esq., M.D., B.Sc., M.S., F.R.C.S.; T. Eustace Hill, Esq., O.B.E., M.B., C.M., B.Sc.; F. Gowland Hopkins, Esq., M.A., D.Sc., F.R.S., F.R.C.P.; Miss M. H. F. Ivens, M.B., M.S.; Miss Janet E. Lane-Claypon, M.D., B.S., B.Sc.; A. Linnell, Esq., M.R.C.S.; H. G. Dain, Esq., M.B., M.R.C.S., L.R.C.P.; A. Fulton, Esq., M.B., B.Ch.; Sir William S. Glyn-Jones; T. A. Goodfellow, Esq., M.D., B.Sc., M.R.C.S., L.R.C.P.; G. E. Haslip, Esq., M.D., D.P.H., M.R.C.S., L.R.C.P.; J. A. Macdonald, Esq., M.D., LL.D., M.Ch.; E. W. Morris, Esq., Secretary of the London Hospital, Whitechapel, E.; John Robertson, Esq., C.M.G., O.B.E., M.D., M.B., B.Sc.; T. W. Shore, Esq., M.D., M.R.C.S., L.R.C.P., B.Sc.; Sir William A. Tilden, D.Sc., F.R.S., LL.D.

TRAINED NURSING NOT REPRESENTED.

It is interesting to dissect this Consultative Council, and it is with a deep sense of disappointment, not to say regret, that the salient fact so far as Trained Nurses are concerned, is that Dr. Addison, the Minister of Health, has not availed himself of the powers permissible in the Health Act, of including women with a full practical knowledge of Nursing questions; and that the Allied Service of Nursing is not represented on the Consultative Council which was designed to include it. This is a very severe blow to the prestige of Trained Nursing, and an omission which should be rectified at the earliest possible moment. It is the more extraordinary, as in the summer the leading organisations of Trained Nurses were invited by the Minister of Health to nominate suitable women for his consideration, whose expert knowledge qualified them for such responsibility, and we believe the names of several such women were submitted to him. As the Consultative Council on Medical and Allied Services now stands, the Allied Service of Nursing is very conspicuous by its absence. The Council is composed of sixteen medical practitioners, of whom two are women, one dental surgeon, two chemists, and one hospital secretary.

That the Council may co-opt practising nurses and midwives onto a Committee, together with other persons "who have devoted themselves specially to the study of nursing and midwifery questions," "when questions are under consideration that specially affect the Nursing and Midwifery Services of the Country," is very little consolation to trained nurses and midwives. Indeed we are of the opinion that if the Consultative Committee of Medical and the Allied Services, does not include persons with practical knowledge of the Allied Services, it would be better they should not meddle therein. In this connection we once placed before Dr. Addison the advisability of instituting an advisory Nursing Committee, but fear it is now too late. Anyway, all over the country earnest nurses will learn of this latest lack of appreciation of their indispensable national service, with some indignation.

CONSULTATIVE COUNCIL ON NATIONAL HEALTH INSURANCE.

This Council will, as its name indicates, consider problems of Approved Societies' work arising in the administration of the cash benefits

(sickness, disablement and maternity) by Approved Societies under the Insurance Acts. Its membership includes persons familiar with the work of all the principal types of Approved Societies.

We are pleased to note that Miss Florence, the very able Secretary of the Women Clerks and Secretaries' Friendly Society, and Miss Mary R. McArthur (Mrs. Anderson) Secretary of the National Federation of Women Workers, are included in this Council together with 18 men.

CONSULTATIVE COUNCIL ON LOCAL HEALTH ADMINISTRATION.

This Council will consider the administrative problems arising out of proposals for the development and extension of health services, and its membership has been composed so as to include persons familiar with the work of Local Authorities of various types, the Insurance Committees and the Poor Law Guardians.

Two women are also included on this Council, Miss Broadbent, member of the Marylebone Board of Guardians, chairman of the Marylebone Infirmary Committee, and member of the Metropolitan Asylums Board, and Mrs. Dimsdale of the Cambridgeshire County Council.

WELSH CONSULTATIVE COUNCIL.

In the case of Wales there will be one Council consisting of thirty members. It will give advice and assistance in connection with such matters as relate to National Health Insurance (Approved Societies' work), Medical and Allied Services, Local Health Administration, and General Health questions in Wales and Monmouthshire.

Welsh nurses are to be congratulated—and so are the people, for Miss Crowther, Inspectress under the South Wales Nursing Association, is included amongst the six women who have seats, i.e., Mrs. L. Andrews, Mrs. Breese, member of the North Wales Nursing Association, Miss A. M. Davies, Hon. Secretary, North Wales Nursing Association; Mrs. F. Rose Davies, member of the Aberdare Maternity Committee, and Lady Mather-Jackson, member of the Priory for Wales of the Order of St. John of Jerusalem.

MINISTRY OF HEALTH FOR IRELAND.

The Chief Secretary, as Minister of Health for Ireland, has nominated ten persons, together with the ex-officio members to form the Public Health Council. Again, no trained nurse is included, the three women appointed being the Countess of Kenmare, Chairman of the Advisory Council for Ireland, Q.V.J.I., Dr. Alice Barry, and Mrs. J. McMordie.

THE PASSING BELL.

Captain Walter Elliot, M.P., desires to thank his friends for their many expressions of sympathy in his recent bereavement, amongst whom are many nurses.

APPOINTMENTS.

MATRON

Brighton, Royal Alexandra Hospital for Sick Children.—Miss Dorothy Haines has been appointed Matron. She was trained at Poplar Hospital for Accidents, and has since been Ward Sister at the Manchester Children's Hospital, Pendlebury, Assistant Matron at Liverpool Infirmary for Children, and Matron of Derbyshire Hospital for Children.

Nottingham and Midland Eye Hospital.—Miss F. M. Drakes has been appointed Matron. She was trained at Leeds General Infirmary, and has since been Sister at Scarborough Hospital, at the Star and Garter Home, Richmond, and at the Nottingham and Midland Eye Infirmary.

Maternity Home and Childs' Welfare Hospital Middlesborough.—Miss Alice Guest has been appointed Matron. She was trained at the Bagthorpe Infirmary, Nottingham, and has been Matron of Birkenhead Infirmary, Tranmore, Cheshire.

Councils Tuberculosis Colony, Cotchill, nr. Carlisle.—Miss Elizabeth Nicholls has been appointed Matron. She was trained at the Union Hospital, Sheffield, and has been Inspector of Midwives, and Health Visitor, Leicestershire. Tuberculosis Visitor, Berkshire, Matron, Military Families Hospital, Devonport and Malta. Matron, Ministry of Pensions Convalescent Home, Herne Bay, and Matron, Tuberculosis Colony, Walkington, near Hull.

ASSISTANT MATRON.

Beckett Street Infirmary, Leeds.—Miss Edith M. Shelton has been appointed Third Assistant Matron to act as Massage Sister. She was trained at the Edmonton Infirmary, where she was Ward Sister. She has also been Maternity Sister and Home Sister of West Bromwich Infirmary, Night Superintendent and Assistant Matron at the New Zealand Military Hospital, Walton-on-Thames, and on Q.A.I.M.N.S.R. in England, France and Germany. Miss Shelton also holds the certificate of the Central Midwives' Board, and certificate for Massage, I.S.T.M.

HOME SISTER.

General Hospital, Nottingham.—Miss Margaret Hooper has been appointed Home Sister. She was trained at Bolton General Infirmary, and has been Staff Nurse at the Women and Children's Hospital, Leeds. Out-patient, X-ray and ward Sister, at York County Hospital. Home and Night Sister, Royal Berkshire Hospital, and Assistant Matron, Royal Victoria Hospital, South Hants.

NURSE MATRON.

Calver, Cliff College Training Home.—Miss Ella Thorne has been appointed Nurse-Matron. She was trained at the North Devon Infirmary, Barnstaple, has been staff nurse at the Royal Sussex County Hospital, Brighton, and has had experience in private nursing.

SISTER.

City of Westminster Union Infirmary, Hendon.—Miss Edith Worden has been appointed Sister. She was trained at the same institution, and has held the position of Sister at Endsleigh Palace Hospital for Officers.

Edinburgh, Deaconess's Hospital.—Miss Alice Scruton has been appointed Sister. She was trained at the Prince of Wales Hospital, Tottenham, and at the Hospital for Women, Soho Square, and has also been Theatre and Ward Sister at Bolingbroke Hospital, Wandsworth Common.

HEALTH VISITOR.

Keighley, Borough of.—Mrs. May Murray has been appointed Health Visitor. She was trained at Lambeth Infirmary, and has experience in District Nursing. She holds the certificate of the Central Midwives Board, and of the Royal Sanitary Institute.

THE KEMP PROSSER SCHEME AT ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

We have had the pleasure of going over the wards of the above hospital which have recently been redecorated on the Kemp Prosser Scheme, and we commend the enterprise of this special hospital in striking out in this direction; for whatever may be our views as to the influence of the various colours and, whether those views are founded on Goethe's theory or whether we believe that it is the colour itself and not its complementary which influences the patient, there is not the slightest doubt that a study of the influence of colour should enter far more into medical therapeutics than is at present the case. It would be interesting to know how far the King's Fund lends its support to the hospitals which are making a feature of this study for there is scope for a tremendous amount of research, and practically the data which we have to work upon at present is almost nil.

In his blue ceilings, Mr. Prosser seems to aim at giving a feeling of space and wide expanse, while the greens, yellows and pinks of the walls are probably intended to call up something of the revivifying springtime. The study of colour effects should commend itself to nurses, and it would be worth while for anyone interested in it to ask permission to see the wards of St. John's Hospital, where, to judge from the great courtesy we received from those in authority, their request would at least receive sympathetic consideration.

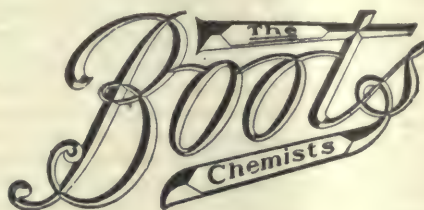
ARMY COUNCIL THANKS JOINT WAR COMMITTEE.

Now that so many hospitals formerly under the Joint War Committee are closing and the Staffs being dispersed, the Army Council has conveyed to the Joint War Committee their appreciation of the inestimable service rendered by the British Red Cross Society and Order of St. John of Jerusalem in England.

HOT BOTTLES.

When chill October comes in we begin to think of those inexpressibly comforting articles, hot water bottles. Who can live through the winter without one? The days of warming pans, excepting as ornaments, have departed, and the india-rubber hot-water bottle has taken their place. It is time to test last year's treasure, and if found defective to pay a visit to the Surgical Manufacturing Company, 83-85, Mortimer Street, W. 1, and replace it, before they are eagerly bought up at winter prices.

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used. The keynote of this service is reliability.

First : The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

Second : The Dispensing Equipment at every branch is perfect — no makeshift apparatus or arrangements are permitted.

Third : All the Drugs and Pharmaceutical Products used are guaranteed. Our unique laboratory facilities at Headquarters enable us to maintain a very strict analytical control. Nothing is taken into stock unless it satisfies the most rigorous tests.

Fourth : The Drugs at every branch are always fresh. The extent of our business and our system of regular weekly supply ensures that nothing gets stale on our shelves. Medical men will recognise that the quality of freshness is secondary only to that of purity.

We have confidence in inviting you to send your Prescriptions to

Boots The Chemists

555 BRANCHES THROUGHOUT THE COUNTRY.

SIR JESSE BOOT,
Managing Director.

A small, stylized logo of the Boots Chemists, featuring the word 'Boots' in a cursive script with 'The' above and 'Chemists' below.

Head Office: STATION ST.,
NOTTINGHAM.

BOOK OF THE WEEK.

"BEAUMOROY HOME FROM THE WARS."*

Mr. Anthony Hope has always a pretty taste in women, and he will not disappoint his readers in this, his latest work. Mary Arkroyd, a lady doctor (we believe the correct term is "medical woman"), had settled down in the country village of Inkston, and we gather was making her way there, in spite of the disapproval of old Dr. Irechester. We first meet her receiving into her pretty home a paying guest, a charming girl called Cynthia, who for the time being was somewhat shattered mentally and physically on account of her narrow escape from marrying a man whose cheques were dishonoured and who, it was further disclosed, already had a wife in South America. Mary, realising the situation to a nicety, gave her just the treatment required.

"Six years ago, you were a charming kitten, and I used to enjoy being your 'visiting governess,' to say nothing of finding the guineas very handy whilst I was waiting to qualify. You're rather like a kitten now—one of the Siamese ones—with close fur and wondering look. But you mustn't mew down here, and you shall have lots of cream and milk. Even if rations go on, I can certify all the extras for you—that's the good of being a doctor." She laughed cheerfully as she took a cigarette from the mantelpiece and lit it.

Mary's vigorous and sensible treatment soon had the desired effect, and pretty Cynthia's wound was soon sufficiently healed to allow her to feel comfortably thrilled by the attentions of spendid young Captain Alec Naylor, and this little affair is brought to fruition before the close of the book in Mr. Hope's usual graceful style.

But Dr. Mary was quite another matter. She was not of the Siamese kitten type, but, as the story goes on to show, she was not impervious to the affairs of the heart. It was Beaumoroy of all people in the world! When you set out to analyse Beaumoroy you have a hard nut to crack. He might well be described as "the puzzling, unaccounted-for Beaumoroy." The description of his person is sufficiently fascinating. "His features though irregular, were not ugly or insignificant, but he wore a battered aspect; there were deep lines running from the corners of his mouth, and crow's feet had started under the grey eyes which, in their turn, looked more sceptical than ardent, more mocking than eager. His voice was notably agreeable, soft and clear—the voice of a high-bred man, but not exactly of a high-bred Englishman. The hue of his plentiful and curly hair was, rather surprisingly, a plain yellow, the colour of a cowslip or thereabouts. Altogether rather a rum-looking fellow."

This disturbing person suddenly arrived in Inkston. Miss Delia Wall, the gossip of the neighbourhood, puts the reader straight on that

point. "Everybody knows old Mr. Saffron—by sight I mean. A week after the Armistice he went to London and came down by the 4.11 train and those two men with him, and they have been with him ever since. Who was old Mr. Saffron? What was he doing at the mysterious Tower Cottage, and, more mysterious still, what was Beaumoroy helping him to do?"

We haven't space to unravel the complications of these happenings for our readers, and, indeed, the plot is so whimsical that it rather defies criticism. But what we will divulge is that Dr. Mary was called in by Beaumoroy himself, to attend professionally old Mr. Saffron, and, in the course of her attendance, these two very individual people made the discovery that is always so surprisingly fresh and new.

In spite of Beaumoroy's undoubted defects of character, the charm in him swept Dr. Mary off her feet. It was before these feelings had in any way taken shape that Dr. Mary remonstrated with Beaumoroy as to the morality of his dealings with the old man.

"I loved my old man," said Beaumoroy.

It was his only plea; to Mary it seemed a good one.

He had loved his old madman, and had served him faithfully.

Mary answers his avowal of love in her direct and delightful manner.

She drew near to him and put her hands on his shoulders "I'm not a child like Cynthia, I can't dream dreams and make idols any more. I think I see you as you are, and I don't know if your love is a good thing. But if it isn't, think there's no good thing left for me at all. I come to you in faith, loyalty, and love. I'm not a missionary to you, or a reformer, Hector, I'm just the woman who loves you."

"I should have mocked at the missionary and tricked the reformer." He bared his head before her. "But by the woman who loves me and whom I love I will deal faithfully."—He bent and kissed her forehead.

Thrilling adventure, intrigue, wit, and humour, all find their place in this story, and with the love element thrown in, they make a capital whole.

H. H.

COMING EVENTS.

October 2nd, 3rd, 4th.—Incorporated Society of Trained Masseuses. Members' Conference.

October 9th.—Central Midwives' Board: Penal Cases.

October 10th.—Society for State Registration of Nurses: Meeting of Executive Committee, 431, Oxford Street, London, W. 4 p.m.

October 14th.—The Society for the Study of Inebriety. Eighth Norman Kerr Memorial Lecture. Mrs. Mary Scharlieb, C.B.E., M.D. "The Relation of Alcohol and Alcoholism to Maternity and Child Welfare." 1, Wimpole Street, Cavendish Square, W. 1.

*By Anthony Hope. Methuen & Co., London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

QUEEN'S NURSES' BENEFIT FUND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reply to an article in the *Queen's Nurses' Magazine* for August, stating that the Queen's Nurses' Benefit Fund should now be applied to other purposes, because of the "increase" in the nurses' salaries, I would like to voice what I feel are the sentiments of a number of the older Queen's Nurses.

It was with a feeling of disappointment that I read the decision of the Council in this matter. Our older nurses have been working on a minimum salary of £35 or at the most £40 for the last twelve to twenty years. They have been looking forward to the small help of £5 to ease them; perhaps in the payment of the remainder of their Pension Premiums. The present increase in salary is even less as prices go than the pre-war salary and even those nurses, who have been twenty years on the roll, are only receiving the minimum instead of the maximum salary as in other professions, considering the years of service. It is a great pity that it was not decided at the Conference on May 17th that those who had already served for at least twelve years should begin now at the maximum. It seems a short-sighted policy that those at the head of affairs should think it necessary to deprive the nurse of this small, but welcome addition to a salary; which, according to the present value of money, is not actually increased. We all feel it is unfortunate that this "increase" has been so tardy and has now come, not because of the nurses' need, but because of the dearth of candidates for this particularly underpaid branch of the profession. We wonder if it has not come too late. But perhaps, "better late than never."

THE MINIMUM AFTER FIFTEEN YEARS.

KERNELS FROM CORRESPONDENCE.

A Flatfooted Pro: "I read every word of the splendid report on the Economic Position of Nurses. If only we might be nurse students, and treated as such, what a difference it would make; but I fear the many humane suggestions would cost more than we poor drudges are worth!"

Sufferer from Untrained Commandant: "We trained nurses had hoped that when the war was over we should have done with V.A.D. competition, but alas! from reports in the Press this week, all the Red Cross Social control is to continue, and apparently with the approval of the Privy Council and the War Office. If the Joint War Committee who know nothing about it is to have all this professional nursing power over patients and nurses, where does the Ministry of Health come in? It doesn't seem required."

Member of College (Private Nurse): "The first thing nurse members of the College of Nursing should do, is to unite to protest against the hospitals running Private Nursing Institutions, and thus absorbing the work and fees due to certificated nurses working independently on the co-operative system. Many of us have been out of work for weeks."

Trained Municipal Nurse: "What are Health Visitors, and what use are they? Let us have thoroughly trained Public Service Nurses, and more highly qualified Midwives; then there will be no need for these Visitors. The people only tolerate them because they imagine they are nurses."

NOTICE.

OUR PREFERENTIAL TERMS.

We receive many enquiries concerning our Preferential Terms. The cost of THE BRITISH JOURNAL OF NURSING through a newsagent is 2d. weekly, but Trained Nurses and Midwives who are members of self-governing Nurses or Midwives' organisations, can receive the JOURNAL post free by the payment, through the Office, of an annual subscription of 6s. 6d. Address The Secretary, THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W.1.

See page ii inside cover,

The Editor regrets that owing to restricted space she must ask correspondents to curtail letters to not more than five inches. She has received several lately of more than a column in length, containing matter of value and interest to the profession, but which have had to be held over till next week. This is injurious to the continuity of the discussion.

OUR PRIZE COMPETITION.

QUESTIONS.

October 4th.—What is the principal source of infective material in (a) pulmonary phthisis, (b) enteric fever, (c) scarlet fever, (d) diphtheria, and (e) chickenpox? State in detail how the discharge in each case should be disinfected.

October 11th.—Name and differentiate between the different kinds of hæmorrhage met with in pregnancy.

October 18th.—How are foods digested? Name the various juices secreted by the different parts of the alimentary canal.

October 25th.—In what ways may a patient's breathing be affected, and what is their significance?

HOW TO HELP THE B. J. N.

1. Subscribe for it.
2. Send news to it.
3. Patronise our advertisers.

The Midwife.

NAVAL MATERNITY HOMES.

Lady Beatty, the wife of the famous Admiral of the Fleet, is making an earnest appeal for £150,000 for the rebuilding of a Maternity Home at Plymouth for the wives of men of the lower deck, and for the establishment of similar institutions at Portsmouth and Chatham.

It is estimated that the cost of erecting a suitable building at Plymouth and equipping it with all modern improvements will be £50,000, while £100,000 would be necessary to erect and equip similar institutions at Portsmouth and Chatham, where two small Maternity Homes, quite inadequate for the requirements of those important centres, are in existence.

The Navy League has generously promised to contribute £10,000 for each of the three ports, provided the other £40,000 for each port is subscribed by the public.

Lady Beatty urges quite rightly that the work now being carried on is deeply appreciated by the men of the Fleet, and that the public owe an immense debt to our sailors, and this is a splendid opportunity for them to discharge it, in part at least.

"THE HOSPITAL" ATTACK ON QUEEN CHARLOTTE'S HOSPITAL.

We learn upon enquiry that the Committee of Queen Charlotte's Hospital have had the conditions under which the pupils are trained under consideration for some time past, and that they will consider the criticisms appearing in the "Hospital" newspaper at their meeting in October. The nursing and hospital world now take very little notice of the slashing attacks on institutions and persons through this discredited medium. Like the majority of hospitals, Queen Charlotte's has had immense difficulties to face during the war.

THE MIDWIFE.

The Tynemouth Board of Guardians has been consulting its senior officials with reference to the re-organisation of the Nursing Staff, and have decided not to provide the costly instruction in massage; and to abolish the Massage Certificate established in connection with the Training School; they have also decided to prepare a limited number of nurses for the examination of the Central Midwives' Board, to induce a limited number to remain.

The following recommendations were agreed to:

(1) That it is desirable, in order to secure a return to normal conditions, by which an equal proportion of the probationer nurses completed their training each year, the services of seven of the present senior probationers be retained for the ensuing twelve months.

(2) That in order to offer these nurses an adequate inducement to remain in the service of the Guardians for this period, they be appointed at the expiration of their period of three years' training as temporary Staff Nurses at a salary of £25 per annum, with war bonus on scale, and that arrangements be made, if possible, for them to take, under the supervision of a midwife in general practice, the balance of their cases to enable them to qualify for the examination of the Central Midwives' Board.

(3) That inasmuch as this arrangement will necessitate the absence of these nurses from the hospital from time to time, the staff of probationer nurses be temporarily increased by two for relief duty.

(4) That an application be made to the Central Midwives' Board for the recognition of the Medical Officer of the Institution as a Lecturer in Midwifery.

(5) That the Clerk be instructed to enter into negotiations with an outside midwife with a view to arranging for her to take the seven probationers above referred to, for practical training in connection with her practice amongst the outside public, and for these services she be paid a fee of £5 for each nurse so trained in preparation for the examination for the Central Midwives' Board.

"DISGRACE TO THE UNIFORM."

The following paragraph has gone the rounds of the daily press:—

The question of girls belonging to the Services becoming chargeable to Guardians was raised at last week's meeting of the Hampstead Board.

Mrs. M. W. Nevins moved that, owing to the number of W.A.A.C.s and W.R.A.F.s who had become chargeable to the parish for confinement (six since July), none of whom belonged to the parish, the War Office be asked to provide lying-in accommodation for these young women, and that the question ought to be a national, not a parochial one. She further said that the girls should not come under the Poor Law. Soldiers felt very strongly on the matter, and considered such a procedure was a disgrace to the King's uniform. Apart from that, the charge should be on the Army authorities. Miss Herford seconded, and remarked that the men, too, had disgraced the King's uniform.

Mrs. Nevins agreed, but pointed out that for doing so they had not been sent to the workhouse.

The resolution was carried by nine votes to two.

That a certain number of illegitimate births were to be expected in the conjoint services, by anyone who recognised the danger of propinquity of the sexes—under recent circumstances—was a foregone conclusion, and we agree that some foresight might have been shown, by the heads of these corps.

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD
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SATURDAY, OCTOBER 11, 1919.

Vol. LXII

EDITORIAL.

A NURSES' TRADE UNION.

The inevitable has happened, and, in a paragraph communicated to the Press we learn that steps have been taken, and are being actively pursued, for the formation of a Trade Union for Trained Nurses, the immediate objects of which will be to bring about a State Registration of all Nurses, the payment of a minimum wage, and a proper regulation of working hours. Upon enquiry we learn that it is not desired to give further detailed information until the organisation of the Union is more matured. What appears certain is that the movement is initiated by working nurses who so far have not taken an active part in nursing politics.

The aim of a Trade Union is associated in the minds of most people with organisation in regard to strikes, but this is not necessarily the principal, or even a minor part of Trade Union policy. This may imply the union of workers in a society, co-operating with the State for the national good, while, at the same time, protecting the interests of the special branch of national service to which they belong. But the effect of nurses uniting in a Trade Union will be to place them in touch and sympathy with other sections of trade unionists, and to secure for them the support of workers in other departments of national industry.

No one who has watched the depreciation of professional nursing of recent years, and more especially during the war, could doubt that sooner or later trained nurses would find it necessary to protect the interests of the profession as a whole. We mention a few of the points to which they take exception.

1. The enforcement by the Army Nursing Board, on which a number of Matrons have seats, of the insulting "Serf Clause," to which

nurses in the Military Nursing Services were required to subscribe, and agree to be summarily dismissed, without any power of appeal (in whatever part of the world they might be working) if in the judgment of the Secretary of State for War, or his representative, they had in any way misconducted themselves.

2. The indignity to which trained nurses were subjected by being placed in Auxiliary Hospitals under the control of untrained Commandants, who not only acted as Administrators, but, in many instances, assumed the title of Matron, and supervised professional work which they were incompetent to control.

3. The employment of many members of Voluntary Aid Detachments in positions of responsibility in regard to nursing duties, at the front and elsewhere.

4. The attack on their professional prestige by a group of actresses associated in the Nation's Fund for Nurses, of which a millionairess is Hon. Treasurer. Day after day advertisements derogatory to the status of nurses as self-supporting workers were issued in daily and other papers; the Press was consequently gagged, and the nurses' opinions and objections were rigorously excluded.

5. We have now the attempt of the Central Midwives Board to deprive highly qualified nurses, with a midwifery certificate, of representation on that Board, by the elimination of the representative of the Royal British Nurses' Association, and to give representation upon it to three other bodies of employers.

6. On the Consultative Councils, recently appointed by the Ministry of Health representation of the great profession of nursing is entirely excluded. This is specially marked in connection with the Consultative Council for England on Medical and Allied Services. Is nursing an ancillary service to medicine or not? The appointment of a sub-Committee which shall advise this Council when nursing

questions are under consideration does not meet the needs of the situation.

7. The wrecking of the Nurses' Registration Bill in the House of Commons by the representatives of the College of Nursing, Ltd., the nurse members of which organisation were incited to this suicidal policy by the Council of the College, composed at the time entirely of employers, and of hospital officials under their control.

The answer to this wrecking policy of the organisation controlled by employers was, as we have shown, inevitable—association of the working nurses in a trade union.

WORK AND WAGES.

Two Bills, both of which are likely to affect nurses, trained and in training, were presented by Sir Robert Horne in the House of Commons on August 18th, and will probably be proceeded with as soon as Parliament re-assembles. Nurses should, therefore, acquaint themselves with these Bills (1) Minimum Rates of Wages Commission (Bill 198, price 1d. net), and (2) Hours of Employment (Bill 197, price 2d. net), in order that they may take any action necessary to safeguard their professional interests.

Bill No. 1 deals with the question of a minimum and living wage, and proposes that a Commission should be constituted to inquire into and report on this question.

Bill No. 2 proposes to establish a 48-hours' working week for those to whom the Act applies. It applies, with certain defined exceptions, (1) to all persons who work under a contract of service, or apprenticeship with an employer, whether expressed or implied, oral or in writing; (2) to persons employed in the service of the Crown or any local or other public authority (except persons in the naval, military or air service, or of any police force). It is therefore presumable (1) that pupil nurses, or probationers, would come under this Act in voluntary hospitals and allied institutions, and (2) that it applies also to trained nurses in Poor Law infirmaries, asylums, and fever hospitals, to those engaged in public health work as school nurses and health visitors, to many midwives and other allied workers.

The Bills may be obtained from H.M. Stationary Office, Imperial House, Kingsway, London, or through any bookseller.

OUR PRIZE COMPETITION.

WHAT IS THE PRINCIPAL SOURCE OF INFECTIVE MATERIAL IN (a) PULMONARY PHTHISIS, (b) ENTERIC FEVER, (c) SCARLET FEVER, (d) DIPHTHERIA, and (e) CHICKEN-POX? STATE IN DETAIL HOW THE DISCHARGE IN EACH CASE SHOULD BE DISINFECTED.

We have pleasure in awarding the prize this week to Miss Winifred M. Appleton, University College Hospital, London, W.C.

PRIZE PAPER.

The prevention of disease depends largely on recognising the source of infection and using hygienic and scientific methods to disinfect any media likely to spread infection, and is an important factor in nursing acute specific diseases. Sun and fresh air are always essential, because they are potent germ destroyers.

The tubercle bacillus is a widely distributed organism frequently inhaled or ingested in air, food, or milk, causing many deaths which would be preventable by the proper precautions.

Phthisical patients infect their surroundings mostly by coughing up sputum containing bacilli, which, when dried, may be inhaled with dust. By swallowing such sputum the patient may infect other organs of his body, therefore he should be encouraged to expectorate only into a sputum pot, containing a measured quantity of carbolic lotion (1-20). When emptying this a good plan is to add sufficient sawdust to absorb the moisture, and then to burn it. The pot should be well washed and sterilised by boiling at least once in twenty-four hours. The patient might sneeze or cough into old rags which should be destroyed by burning. Antiseptic inhalations should be given.

The dissemination of *Enteric* is by means of the faeces and urine of infected persons, the disturbing organism being the bacillus typhosus, which is allied to the bacillus coli. Persons attending the patient may be directly infected by conveying the germs on hands soiled by excreta; hence the importance of having a hand bowl of disinfectant close to the bed. Others are indirectly infected by stools poured into drains, which, through defective sanitation, obtain access to the public water supply, thus spreading the disease in various ways.

Excreta must be left standing for at least an hour, mixed with an equal quantity of disinfectant (perchloride of mercury, 1-1000, or carbolic, 1-20, or Lysol, a table-spoonful to the pint), as it is less virulent when first passed than later on. The utensil should be covered with a lid, and a cloth wrung out in disinfectant.

In country districts, where there is no modern

drainage, stools should have a cupful of un-slaked lime and hot water added to them, and allowed to stand before being buried in the earth, or, better still, burnt well away from any dwelling place or water supply.

The physician may also give Salol as an intestinal antiseptic, and urotropine as a urinary antiseptic.

The spread of *Scarlet Fever* is mainly by secretions of the nose and throat, and discharges from the ear, and by germs which may remain infectious for months. The desquamation period is the most dangerous for spreading the disease; therefore, infected persons should be isolated until all desquamation and nasal and aural discharges cease. It is advisable to rub a mild antiseptic oil over the body during desquamation period, to prevent the dry flakes spreading, and nurses should wear rubber gloves to do this. Nasal and throat sprays and mouth washes of mild antiseptic will doubtless be ordered and given frequently.

The exciting cause of *Diphtheria* is the Klebs-Loeffler bacillus, or bacillus diphtheriæ. This infectious material is coughed and spit up from the throat, and is found in the nasal and aural discharges. Local antiseptics and alkaline lotions will doubtless be ordered by the doctor, to be applied freely and frequently to the affected parts, and the diphtheria anti-toxin injected to cure the disease.

Chicken pox (Varicella) is characterised by a rash, first papular then quickly becoming vesicular, and contains either transparent or turbid fluid. As children are more frequently attacked than adults, any severe itching may cause the child to scratch scabs off the vesicles, producing scars or ulceration, and adding to the risk of transmitting the disease to others. Spots should be dusted with an antiseptic dusting powder, and if much itching is present, soothing lotions or ointments, as morphine and lead lotion, or carbolic ointment will probably be ordered, to be applied on lint. Spots may appear on the palate, buccal mucous membrane and tongue, hence the need of frequent cleansing by antiseptic gargles and mouth washes.

In dealing with these diseases all the general rules of prophylaxis must be carefully and conscientiously observed.

Repeated bacteriological examination of apparently well patients is necessary to determine if bacilli still remain, and to guard against their becoming "carriers." Also, it should be remembered, those in contact with infected persons, though healthy themselves, may transmit the disease to others by carrying germs in nose, throat or intestines.

Very special care must be taken of the mouth and throat; if patient is too ill or too young to use the tooth brush himself, a mouth tray should be placed near the bed with a jar of diluted peroxide of hydrogen or boracic and glycerine, and a jar of 1 in 20 carbolic to receive used swabs.

All dressings, swabs, etc., and any discharges should be burnt at once.

HONOURABLE MENTION.

The following competitors have received honourable mention:—Miss Alice M. Burns, Miss K. Swift, Miss E. O. Walford, Miss Mary Lawson, and Miss Jean McKinnon.

Miss Alice M. Burns writes:—"Sufferers from pulmonary phthisis should be warned of the danger of spitting in public places, and recommended to provide themselves with the suitable pocket receptacle which is obtainable for the purpose."

"The bacillus of Diphtheria may find a lodgement in any of the mucous membranes of the body. Hence we may get laryngeal, nasal, or vaginal Diphtheria. The discharge from each surface is infective, and in the first two cases the breath and saliva are infective also. In vaginal Diphtheria the patient should wear a pad, which must be changed frequently. Feeders, etc., in all the above-mentioned cases should be kept separate, and boiled for ten minutes twice a day."

Miss K. Swift writes:—"Flies are a source of danger, and if uncovered they will settle on excreta, and thus carry the infective bacillus to articles of food. Also, in very septic cases, flies will, if permitted, settle on the patient's face. This should be prevented by arranging a fine net over the head of the bed."

Miss E. O. Walford says:—"A phthisical patient should not kiss anyone, and should sleep in a room alone, the floors, walls, furniture, etc., of which should be daily dusted with a cloth dampened in disinfectant. . . . After defæcation or micturition the patient should be washed with weak lysol, and the nurse most carefully cleanse and disinfect her hands after attending to the patient."

"To disinfect a room it should be kept airtight for twenty-four hours, after placing formalin tabloids on a metal tray over a lighted spirit lamp."

QUESTION FOR NEXT WEEK.

Name and differentiate between the different kinds of hæmorrhage met with in pregnancy.

Will competitors kindly note the rule that the words "Prize Competition" must appear on the envelope.

THE CALIFORNIA HOSPITAL CAFETERIA.

ANNA A. WILLIAMSON, R.N.,
Superintendent of Nurses.

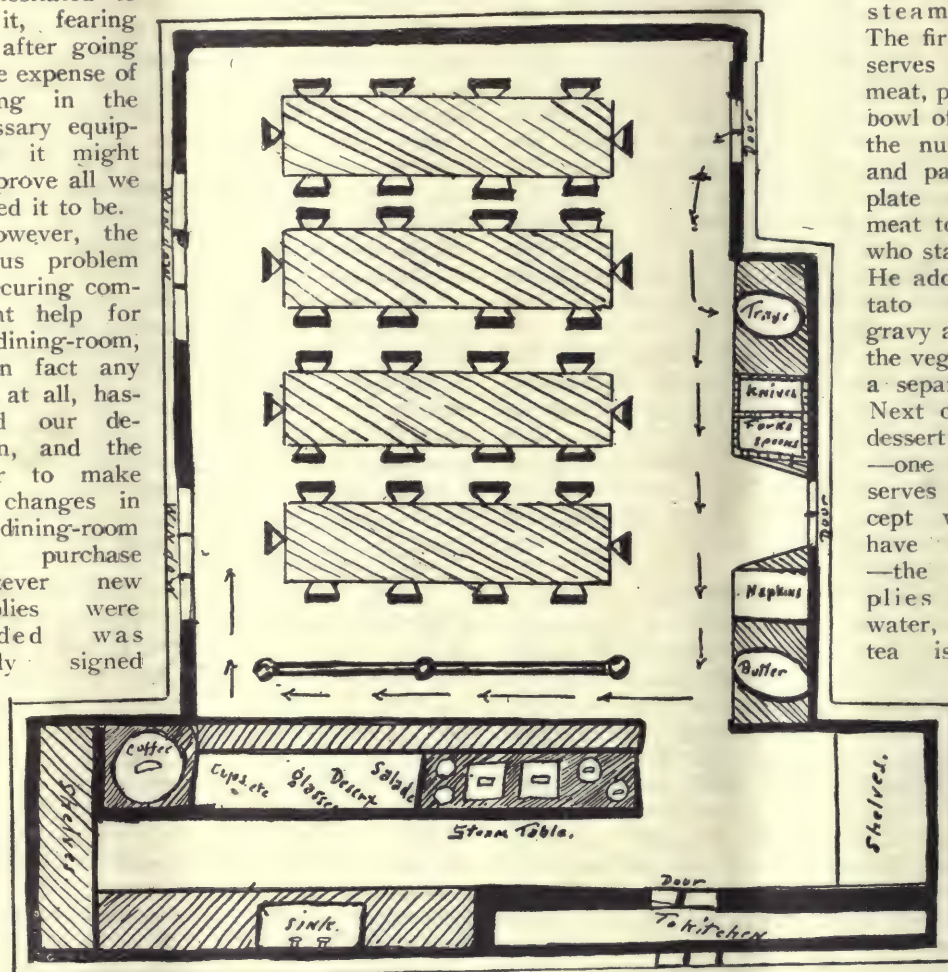
"Be not the first by whom the new is tried
Nor yet the last to lay the old aside."

We had read in many magazines of the cafeteria plan for the nurses' dining-room, but we hesitated to try it, fearing that after going to the expense of putting in the necessary equipment it might not prove all we wished it to be.

However, the serious problem of securing competent help for the dining-room, or in fact any help at all, hastened our decision, and the order to make the changes in the dining-room and purchase whatever new supplies were needed was finally signed

At last all was ready and we made the beginning at the noon meal. The accompanying diagram will show the reader just how the serving is done. The line forms outside in the hall, and when the doors are opened promptly at 11.30 they enter, keeping to the right. The trays come first, next the silver in boxes, then paper napkins folded so that they can be handled easily, next the butter on small patties,

then comes the steam table. The first woman serves soup and meat, putting the bowl of soup on the nurse's tray and passing the plate with the meat to the man who stands next. He adds the potato and the gravy and serves the vegetables in a separate dish. Next comes the dessert and tea—one woman serves both, except when we have ice-cream—the urn supplies boiling water, and the tea is served



CALIFORNIA HOSPITAL CAFETERIA.

and the work begun.

Before starting the work I talked the matter over with both pupil and graduate nurses, explaining the advantages of the new system, and getting their viewpoint and securing their co-operation.

It took about two weeks to make the changes in the dining-room and paint it, and during that time we took our meals in the class-room, which joins the dining-room, the overflow occupying the hall.

fresh to each one in individual pots. Coffee is served from the urn in the morning. When ice-cream is to be served the baker from the kitchen is impressed into the service for the first rush; after that it is easily managed by one of the women.

Bread, water and milk are placed upon the tables, a glass at each plate, and salt and pepper at convenient distances along the tables.

The nurse, on being served, goes to her place, removes the food from the tray, and

places the tray on a side table reserved for that purpose.

On our first day it took exactly ten minutes to serve sixty people.

As soon as the last one passes the steam table the man leaves his place and proceeds to refill milk and water pitchers, replenish bread plates and remove soiled dishes as the nurses finish, the two women behind the counter being able to take care of those who come late.

The cafeteria is open for breakfast from 6.40 to 7.50 a.m., for dinner 11.30 a.m. to 12.50 p.m., and supper 5.30 to 6.50 p.m. Our dining-room seats eighty-five at one time, and we find no difficulty in serving from 175 to 200 people in the hours given, each being well and carefully served with a hot meal, far more appetising than when placed on the table in large quantities.

After a month's trial we wonder how we ever endured the old way, with its indifferent service, cold foods, and mussy dining-room. Now we have hot dishes hot, cold dishes cold, only taking what we wish to eat, as we can quickly secure a second portion if we desire.

The dining-room presents a much more attractive appearance, and there is no crowding because the meal hour extends over a long enough period to serve everyone in comfort.

The diagram will give a very good idea of the plan of the dining-room, and below is an itemised account of the expense of the undertaking:—

	Dollars.
Steam Table and Urn	194.70
Pipe and Fittings	9.59
Two Tables... ..	10.00
Insets	12.90
Trays	45.00
Individual Teapots	22.48
Total	294.67

We do not serve our midnight supper on the cafeteria plan. Our dietitian arranges the menu for that. We have trained one of the night men to serve it. We serve hot soups, meat or meat substitute, a relish or salad, some light dessert, as a pudding, fresh fruit or a frozen dessert; bread and butter and hot coffee with cream. We try to have an occasional surprise and not to repeat the menu of the five o'clock supper.

From Pacific Coast Journal of Nursing.

We are holding over until next week our report of the Valedictory Meeting of the Nurses' Missionary League.

PRECAUTIONARY METHODS IN VENEREAL DISEASE.

The eminent men, medical and otherwise, who form the officials of the National Council for Combating Venereal Disease, make reply in Monday's *Times* to the announcement of a new Venereal Prevention Committee to which we referred last week, and state the communication published by this group "shows a serious misunderstanding of the position with regard to the campaign against venereal disease, which has been adopted by the signatories of the White Paper and by the National Council for Combating Venereal Disease.

This misunderstanding is likely to have unfortunate consequence upon the lay public. The difference of opinion between medical men is comparatively slight, and it relates only to the best method of early preventive treatment, administratively practicable in an undisciplined civilian community. All, without exception, are agreed that the present facilities for general, continuous, and effectual treatment of venereal disease now available in the country are totally inadequate. The difference that exists is on the technical medical point as to whether it is more effective to impress upon the general public that local cleanliness with soap and water immediately after exposure to infection, is likely to be a better and safer method, coupled as it must be with instructions to obtain medical advice at the earliest possible moment or whether various special disinfectants should be advocated.

After considering the question very carefully, from the medical point of view, the following resolution was unanimously passed by the Medical Committee of the National Council, endorsed by the Executive Committee, and reported to the General Council at its annual meeting:—

That while this committee does not recommend any change in the policy of the Council with reference to the use of prophylactic packets, they would urge that in the Council's propaganda more stress should be laid on local cleanliness immediately after exposure to the risk of infection.

Such preliminary cleansing could not be confused with treatment, nor does it absolve the person from seeking medical advice at the earliest moment.

This resolution is being given the widest possible publicity throughout the branches of the National Council, and the recommendation therein contained is being emphasised by the Council's lecturers when speaking to all sections of the population."

Sir Bryan Donkin replies to the above statement in the *Times*, Oct. 8th. He considers it fails to establish the complaint of misrepresentation. Moreover, those who hold that the National Council's scheme is largely ineffective do not simply rely on "various special disinfectants," but "persistently advocate the immediate use of any disinfectant with appropriate instructions as to use." Sir Bryan says it cannot be contested that figures which relate to men in barracks and under military

discipline amply show that men can be taught by simple instruction to use a simple disinfectant with remarkable and undeniable success. He asks: "Why should not the civil population be similarly instructed?"

RAISING THE STANDARD OF MASSAGE.

The Conference convened by the Incorporated Society of Trained Masseuses, and held on Thursday, Friday and Saturday of last week, was very well attended, and the programme as originally planned and announced in our issue of last week, was carried out with one exception, in spite of the dislocation of traffic caused by the Railway strike. The exception was that Major Mackay, R.A.M.C., who was to have lectured on "Mustle Re-Education" was held up in Aberdeen. At a few hours' notice, however, Dr. Agnes Keen very kindly came to the rescue and delivered a most interesting special lecture on "The Treatment of Recent Fractures by Massage."

It is of interest to learn that at the earnest request of doctors, and of training school authorities, the Council of the I.S.T.M. has for some time had under consideration the advisability of a longer training for Masseuses, and of endeavouring to secure in the future a uniform course of instruction which will include Massage and Medical Gymnastics. There is at present not a sufficient number of qualified teachers to meet the requirements of all schools which intend to extend their present massage classes, and this lack of teachers also makes it impossible to insist that to be in order for the Society's Examination, candidates must take the full training in both subjects, but no new schools will now be accepted by the Council which do not undertake to give not less than one year of training (48 weeks) either in Massage only, or in Massage and Swedish Remedial Exercises conjointly, and no new teacher of Massage will now be accepted by the Council who does not hold the Society's Certificate in both subjects, or other specially approved certificate in S.R.E. From Jan. 1st, 1921, no candidates will be admitted to the Society's examinations unless they have fulfilled one year of training.

This extension of the training period must result in an increase of the prestige attached to the certificate of the Society and of the professional standing of those who hold it.

NURSES' SALARIES.

Dr. Addison, Minister of Health, delivering the introductory address at the opening of the winter session of the London (Royal Free Hospital) School of Medicine, said that we should never get a sufficient and efficient staff of nurses until these were properly paid. The salaries paid to nurses in some of our best hospitals were less than those paid to their own cooks and scullery-maids. That was not right, and called for a drastic remedy.

NURSING ECHOES.

We note that the concrete foundations for the Nurse Cavell memorial in St. Martin's Place are now being laid. The memorial will consist of a full-length figure of Nurse Cavell in marble facing Charing Cross Road, with beautiful supports, which are sure to be very artistic, considering the great artist who is executing the work. The memorial is to be very imposing, and will rise to about thirty feet. A special iron gantry has to be erected for transferring the figure from the lorry to its pedestal.

The President of the National Council of Nurses has reluctantly informed the President of the Ecole des Infirmières des Hôpitaux de Bruxelles* that, owing to the strike of railwaymen, it is improbable that any member of the Council will attend the forthcoming Conference upon the opening of the School at the Hôtel de Ville. This is greatly to be deplored, as colleagues of Edith Cavell would naturally wish to show every interest possible in the progress of Trained Nursing in Belgium, and a visit to the beautiful Hôpital Saint-Jean would well repay the visitor. Here, as in so many foreign hospitals, the probationer is termed pupil, and is instructed as a student, and not classed as a hybrid domestic worker. We shall have to give more attention to the theory on which professional nursing is based in the future, and now that Sisters are being appointed for the special purpose of teaching—a reform put forward as necessary in this Journal for the past twenty years—nursing standards will become systematised, if a State Registration Act defines and maintains such standards. Otherwise, if the schools are to be permitted to continue "to go as they please," very unequal curricula will be in force in the future as in the past. A strong Bill is our only hope.

The Overseas Nursing Association, the office of which is at the Imperial Institute, S.W., has evidently had a very busy and useful year. Since April, 1919, seventy fully-trained nurses have been supplied to the various Colonies and Dominions as private nurses, and for Government Hospitals. Eighteen trained nurses have been recommended to the Victorian Order of Nurses for Canada for post graduate course. These nurses have gone to centres at Halifax, Montreal, Toronto, and Vancouver, and will find the life fresh and interesting. Miss G. A. Wharton has been appointed as Matron at the Bangkok Nursing Home, and nine Sisters to King Edward VII Order of Nurses, South Africa.

To judge from correspondence, an ever-increasing interest is being taken by nurses in the treatment and cure of venereal diseases, and many may be able to attend the free lectures which have been arranged at St. Paul's Hospital for Skin and Genito-Urinary (including Venereal) Diseases, 13A, Red Lion Square, Holborn. These free lectures to nurses on Venereal Diseases will be given by Mr. Leonard Myer, F.R.C.S., Hon. Surgeon to Out-patients, on Fridays, October 24th and 31st, and on November 7th, 14th, 21st, and 28th, at 5 p.m. All nurses and members of allied professions are invited. This chance of instruction should not be missed. We are all anxious to stamp out this plague, and we must have knowledge to be of use.

Owing to a printer's error we regret that last week 94, instead of 194, Queen's Gate, was given as the address of the new Queen Mary's Hostel for Nurses, which has just been opened. Address—194, Queen's Gate, London, S.W.7.

We learn that the salaries of Sisters and Probationers have been revised at the General Hospital, Birmingham. Sisters now begin at £60 per annum, rising £5 annually to £75, and Probationers are paid £18, £22, £28 and £40 during the four years' training and term of service—and all found. There are now vacancies at this hospital, where the fine clinical material provides wide experience for pupils and nurses.

The Lord Mayor and Lady Mayoress of Leeds recently visited the Beckett Street Infirmary for the purpose of unveiling a brass tablet which has been erected by the Leeds Guardians to the memory of three former members of the nursing staff at the Institution. Staff Nurse Nellie Spindler, who was killed at Abbeville by a German shell on August 21st, 1917, during the bombing of the hospital, and Nurses Elsie Pickard and Isabella Renwick, who died from influenza contracted whilst attending victims of the recent influenza scourge.

Business firms throughout the country are realising the value to their employees of medical and nursing advice and help. In a recent number of *The Times Engineering Supplement* it is stated that the Birmingham Small Arms Company during the war, had two large groups of factories devoted exclusively to the manufacture of Lewis guns. Attached to each group was a surgery with a staff consisting of

matron and seven nurses, as well as a dentist. A nurse was also in attendance during the night. A doctor made regular visits.

The arrangements are being continued. Among those who use the surgery are:—

1. Those with a slight injury who can walk.
2. Those with serious injury who have to be assisted.
3. Those who have to be carried in.
4. Those who come for dressings.

Careful records are kept on a card system, red for surgical, yellow for medical, white for dental. The B.S.A. Company regard it as sound policy to supply malt, cod liver oil, and other tonics. Patients come for all manner of complaints—dog-bite, rheumatism, boils, headache, eczema, coughs and colds.

The dental department is very valuable.

The matron is present when the Home Office examinations are being carried out. If lads are found to be tubercular, their parents are informed of the fact. In some cases of poor physique, tonics are given and lighter jobs found. Out-patients are visited by the welfare workers. A welfare scheme with gymnasium and outdoor athletic organisation is in being.

The organisation includes a rest room for men as well as for women. This is a wise measure when it is remembered that many discharged disabled soldiers are now employed.

The Women's Industrial Council are organising a band of educated women to carry on household routine, in modern servantless homes, during the sickness of the mistress. So far, so good; but when the Council proceeds to lay down the qualifications, we may well pause a while. The band are to care for invalids who are not a "hospital nurse" case.

Applications are, therefore, invited from educated middle-aged women with a knowledge of housekeeping, invalid cooking, and the management of children.

Applicants must hold a British Red Cross certificate, or its equivalent in first aid, home nursing, and invalid cookery.

Payment to these educated home-helpers will not be less than 10d. an hour, or 5s. a day, with food, or 25s. a week with meals.

An official of the Council states that many applicants who have applied "hold first-aid certificates, but it is by no means the idea to provide a cheap nurse."

More nibbling at nursing by Red Cross workers! We should have thought the Women's Industrial Council knew more about economics than this plan evinces. Educated

home-helps may prove very useful, but there is no need for them to pose as "certificated" nurses—for that will be the result of the scheme!

At Wallasey, one Reda Huff (23), who appeared in the dock in nurses' uniform, was charged (1) with giving false information to the manager of the Grove Hotel; (2) with unlawfully wearing the General Service Medal ribbon; (3) with obtaining food of the value of £11 14s. by false pretences, between August 28th and September 23rd; and (4) with stealing two blouses, a dressing jacket, gloves, and other articles, value £6 4s., the property of a lady staying in the hotel.

In regard to wearing the decoration, she said: "I have nothing to say. I did not think it mattered."

A remand for a week was ordered.

The fact that this young woman appeared in the dock in nurses' uniform was apparently quite *comme il faut*.

It is too sad to think that the President of the United States, Mr. Woodrow Wilson, has broken down under the strain of his tremendous labours for peace and arbitration for the world in general just as the time of fruition is in view. As he has a good wife and devoted daughters, it is to be hoped they will whisk him away from world politics, and nurse him back to health. We cannot afford to lose idealists, even if we personally believe in straight and swift action where war is concerned.

In a letter recently received from that wonderful pioneer of good nursing in Australia, Miss Martha D. Farquharson, we conclude that at the age of 72 she really has at last retired from active service, and hopes to rest on her well-won laurels. She writes: "I have only just retired into private life (for the second time), and think now my life's work is finished—as I am well in the autumn of life, seventy-three next December! It was a great joy to me when I resumed my work at Bendigo Hospital as Hon. Matron in April, 1917, to replace Miss Simons, who went to the war. She is now reinstated, and I feel content to take the rest God is so good to give me. It was wonderful to be given, at my age, strength, will and energy to do all a matron's duties for over two years and still retain my good health, and to be able to garden and go about like younger women. I see by the *B.J.N.* you are still full of interest in the advancement of nursing. It is wonderful you are not worn out with the struggle."

PROPOSED LAY-CONTROL FOR ALL BRANCHES OF NURSING ANCILLARY TO THE MINISTRY OF HEALTH.

The Press is informed through a letter addressed by the Hon. Sir Arthur Stanley, chairman of the Joint War Committee, to county directors, presidents and hon. secretaries that an agreement has been signed by the British Red Cross Society and the Order of St. John under which the joint working of the two corporations will continue in time of peace.

A joint council is set up to control the work of the two bodies, and will include the members of the existing Joint War Committee, thus preserving continuity between the war and peace organisations.

WORKING WITH THE LEAGUE.

Meanwhile the Charter of the British Red Cross Society is being extended to cover the objects mentioned in Article 25 of the League of Nations Covenant. This article runs as follows:

The members of the League agree to encourage and promote the establishment and co-operation of duly authorised voluntary national Red Cross organisations having as purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world.

EIGHT SECTIONS.

Among the matters the Joint Council are desirous of controlling are:—

- (1) Care of sick and wounded Service men whether on the active list or demobilised.
- (2) Care of prisoners of war, as may still be necessary.
- (3) Care of tuberculosis patients, first regard being paid to soldiers and sailors.
- (4) Child welfare.
- (5) Work parties to provide garments, etc., for hospitals and health institutions.
- (6) Assistance required in all branches of nursing health and welfare work, ancillary to the Ministry of Health.
- (7) Red Cross War and Peace Hospital Library.
- (8) Home service ambulance work.

V.A.D.s AND CHILD WELFARE.

Under this heading Sir Arthur Stanley writes:—

"Nursing in all its branches must necessarily appeal to V.A.D.s who have done so much of this work during the war. Scholarships have already been given to our V.A.D.s in this connection and I hope that those members who either cannot or do not wish to undergo the full training necessary for a certificated nurse, may qualify themselves for rendering that supplementary assistance to the regular profession which they rendered so efficiently, and so successfully in time of war. There will also be many openings for V.A.D.s in connection with the

various welfare and health departments of the new Ministry of Health."

It is probable that the control of the V.A.D. organisation will be vested in the Joint Council under the authority of the War Office.

The Joint Council is a lay organisation on which Nursing has no professional representation.

The Army Council by Order has already earmarked promotions in Q.A.I.M.N.S. after general training for V.A.D.s. We do not wonder the shortage of regular probationers for full training is now very acute.

Why sacrifice four years to gain reliable knowledge—and practical nursing skill—when apparently so many departments of nursing are to be reserved for those with social influence "who do not wish to undergo full training?" Why indeed?

APPOINTMENTS.

MATRON

Mold Hospital, Flint.—Miss Irene L. Jones has been appointed Matron. She was trained at the Bootle Borough Hospital, and has since been Matron of the Liverpool Skin Hospital.

NURSE [MATRON.

Infectious Diseases Hospital, Colwyn Bay.—Miss E. Andrews has been appointed Nurse-Matron. She was trained at the Birmingham Infirmary, and has held the following positions: Ward Sister at the Leeds Township Infirmary, Nurse Matron, Cheedle Isolation Hospital, Peniston District Isolation Hospital, and the Isolation Hospital, Ashford, Kent.

NIGHT SISTER.

General Infirmary, Burton-on-Trent.—Miss Ruth Pamplin has been appointed Night Sister. She was trained at the General Hospital, Birmingham, and served during the war with the T.F.N.S. in England, Egypt and Salonica.

Miss Gertrude B. Underwood has been appointed Ward Sister at the same hospital. She was trained at the Derbyshire Royal Infirmary, and worked on the private staff.

SISTER.

Guest Hospital, Dudley.—Miss F. E. Evelyn Harris has been appointed Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has been Sister at the Tiverton Hospital, Devon; the National Hospital for the Paralysed and Epileptic; and at the Hospital for Epilepsy and Paralysis, Maida Vale. Miss Harris holds the certificates of the Central Midwives' Board and the Incorporated Society of Trained Masseuses.

East Suffolk Hospital, Ipswich.—Miss Janet M. Verity has been appointed Sister. She was trained at the Children's Hospital and at the Royal Infirmary, Bradford; and was Sister at the latter hospital. Miss Verity has done military nursing in Q.A.I.M.N.S.R.

Edge View Tuberculosis Hospital, Kinber, nr. Stourbridge.—Miss K. E. Newman and Miss Mabel MacKenzie have been appointed Sisters. Miss Newman was trained at Stobhill Hospital, Glasgow, and has subsequently been Staff Nurse and Sister under the King Edward VII Welsh National Memorial Association.

Miss MacKenzie was trained at Marylebone Infirmary and Plaistow Hospital, and has been Sister at the Westmorland Sanatorium, Grange-over-Sands; and Sister-in-Charge of Bourne Castle Sanatorium, Belloughton, Stourbridge.

Dudley Union Infirmary.—Miss Edith M. Parker has been appointed Sister. She was trained at the Union Infirmary, Erdington; and has been Staff Nurse at Stone Joint Hospital, and Nursing Sister at the First Western General Hospital, Liverpool.

St. Mary's Maternity Hospital, Croydon.—Miss M. O. Beeham has been appointed Sister. She was trained at the General Infirmary, Peterborough, and at the Brook Fever Hospital; she has been Sister at Queen Charlotte's Hospital, and at the Royal National Hospital, Ventnor.

SCHOOL NURSE.

Norfolk Education Committee.—Miss D. Davies and Miss C. Cheyne have been appointed School Nurses. Miss Davies was trained at the Jenny Lind Hospital for Children, Norwich. Miss Cheyne was trained at the Children's Hospital, Birmingham; and has been Staff Nurse at the Queen's Hospital for Children, Hackney Road, London.

VISITING AND EMERGENCY SISTER.

Walton-on-Thames, Whiteley Village.—Mrs. M. C. Bawden has been appointed Visiting and Emergency Sister. She was trained at the Brompton Cancer Hospital and at the Central London Sick Asylum, N.W. She has since been Staff Nurse at the Samaritan Free Hospital; Night Sister at the Gravesend General Hospital; Matron of the Isolation Hospital, Rochester, Kent; and of the Odiham Cottage Hospital, Hants. She served as Sister for three and a half years in the Queen Alexandra's Imperial Military Nursing Service Reserve, both at home and abroad. There were over 200 applicants for this appointment.

ASSISTANT SUPERINTENDENT NURSE.

Stepney Union.—Miss Lily E. Baylis has been appointed Assistant Superintendent Nurse. She was trained at the Croydon Union Infirmary; and has been Head Nurse at Ely Union; and Night Superintendent at South Shields Infirmary.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth Whalley is appointed to Birkenhead as Superintendent; Miss Gertrude A. Perry is appointed to Gloucestershire C.N.A., as Assistant County Superintendent; Miss Jane A. Macleod to Birmingham (Summer Hill Road) as Second Assistant Superintendent; Miss Bertha Ashworth to Exning; Miss Kathleen M. Burke to Barrow-in-Furness; Miss Selina Collier to Bilston and Bradley; Miss Annie Foster to Bushey; Miss Gertrude Fozard to Garston; Miss Olive Gordon to Normanby Park; Miss Hilda M. Groom to Forest Town; Miss Dora C. Hawson to Manchester (Hulme) as Senior Nurse; Miss Emily Hicks to Ashby; Miss Harriet R. Howard to Burgess Hill; Miss Helen H. Langbridge to Elmlton and Cresswell; Miss Sarah E. Lebart to Brixton, as Senior Nurse; Miss Helen M. MacDonald to Wells; Miss Margaret Relph to King's Lynn; Miss Evelyn M. Smith to Silvertown, as Senior Nurse; Miss Dorothy E. Taylor to Marple Bridge; Miss Eleanor Ward to Stamford.

The King has contributed 10 guineas to Sir William Treloar's Fund for the 26th annual distribution of hampers to crippled children.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES,
SEPTEMBER 18TH, 1919.

1. How do continuous dry weather and heat affect the health of children in cities and crowded areas. What advice would you give to the Mothers as to Preventive Care?

2. You are asked by the doctor to go to a case of Hæmatemesis late at night to put the patient comfortable and to give instructions to the friends as to how to act in your absence. State in detail what you would do.

3. What are the chief points to be attended when nursing cases of Measles in a district? How long does the patient remain infectious?

4. What reasons would you give to a mother when persuading her not to allow her baby a dummy or comforter?

5. What mid-day meal would you advise for girls working in a factory or some sedentary occupation—give reasons for your advice?

6a. What points should be taken into consideration in arranging the order in which you would visit your patients (a) on a morning round (b) on an evening round? *or*

6b. How can a district nurse co-operate effectually with other health agencies in an urban area?

STRIKE STORIES.

KNIGHT ERRANT.

The train from the North was crammed in every corner, and I counted myself lucky to obtain a seat in the corridor, on a dressing case on end. From this point of vantage, near an open window, I was studying human nature at Preston when a smiling face appeared at the window, and a persuasive voice said, "Will you give something here to the collection I am making for the guards and drivers of the train? They are taking us up to London at considerable risk to themselves, and I think they thoroughly deserve it. Anything you put into the kettle will be divided between them. I am Lord Knutsford."

Forthwith a tin kettle, substantial and lidless, was handed into the compartment and "circulated genially around."

"Will you change a note for me," I asked, "out of the kettle?"

"Oh, I can't do that. It would never do for me to be putting my hand into it. Oh yes, I know you, don't I? Never mind, I'll let you off this time." However, the last thing I wished was to be "let off," and dropped a coin into the extemporised collecting box.

A passenger in the compartment who got out on to the platform, and returned rather crestfallen, was subject to some good humoured chaff. "Wot 'ev you been doin' of?" "I offered to take the kettle round for 'im, and 'e would'n't

let me hev' it. Said 'he didn't much like the look of me'" was the reply.

At Wigan we again had a visit. "Did you subscribe here to the collection for the guards and drivers?" said Lord Knutsford genially. "I've got £12, and there are six of them, so that will be a nice little help, won't it?"

"Oo's that" asked a passenger.

"'Im? it's the bloke wot was rushing about wiv a kettle at Preston" replied another.

By the time Euston was reached the collection had swelled to £20, and the passengers by that train must count themselves happy that amongst their number was the "King of Beggars," who first interpreted their unspoken wish, and then placed his organising genius at their disposal to translate it into terms of pounds, shillings, and pence.

But that was not the end of my personal indebtedness to Lord Knutsford that day. In the dimly lighted station at Euston I was "standing by" waiting until the mail bags should be cleared away, and there would be a chance of rescuing a missing suit case from the luggage van, when someone said "Is anybody helping you?" and there was Lord Knutsford. The problem of a porter was solved by the luggage being placed with his own on a barrow from the hotel, where it would be easier to get a taxi. "What address?" "431, Oxford Street," I replied with a smile. "Ah! I have heard that address before."

As we passed along the platform in the wake of the red capped porter, once and again came the question "Is anybody helping you?" and by the time we reached the hotel a few more of us were collected. "Women don't get any help at these times," remarked Lord Knutsford. "It's a good thing to have a brother a director of the Company. They take me for him." At the hotel a taxi was secured, a bargain made with the driver to drop me at the notorious 431, Oxford Street, and take some other travellers on to Peckham, and all difficulties were removed.

Certainly, when Lord Knutsford at last rested from his labours that night his position was far removed from that of the boy scout who, in order to fulfil his obligation to do at least one kind deed during the day, jumped out of bed and gave the canary to the cat. He had many kind deeds to his credit.

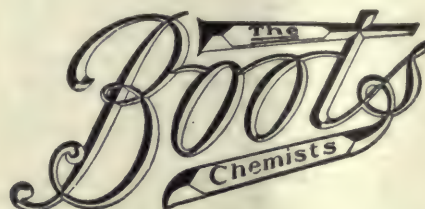
Let me here record my indebtedness. M. B.

IRISH NURSES' ASSOCIATION.

The Reports of the Irish Nurses' Association and the Irish Matrons' Association for the year ending March, 1919, are to hand. They show that the members of these Associations have continued their steady work for the benefit of professional nursing and midwifery and massage in Ireland.

The Irish Nurses' Association reports its affiliation with the Royal British Nurses' Association

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used.

The keynote of this service is reliability.

First: The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

Second: The Dispensing Equipment at every branch is perfect—no makeshift apparatus or arrangements are permitted.

Third: All the Drugs and Pharmaceutical Products used are guaranteed. Our unique laboratory facilities at Headquarters enable us to maintain a very strict analytical control. Nothing is taken into stock unless it satisfies the most rigorous tests.

Fourth: The Drugs at every branch are always fresh. The extent of our business and our system of regular weekly supply ensures that nothing gets stale on our shelves. Medical men will recognise that the quality of freshness is secondary only to that of purity.

We have confidence in inviting you to send your Prescriptions to

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555 BRANCHES THROUGHOUT THE COUNTRY.

SIR JESSE BOOT,
Managing Director.

SOLE AGENTS

Head Office: STATION ST.,
NOTTINGHAM.

its support of the Central Committee's Bill for the State Registration of Nurses, which it helped to draft, and representation on the Midwives Board and the Irish Nurses Tribute Fund. Two examinations for the Massage Section were held in 1918 for the certificate of the Incorporated Society of Trained Masseuses. About 30 students entered on each occasion. At a special Examination in Theory and Practice of Medical Electricity, a Dublin candidate took 1st place, with Distinction Certificate, among over 300 entrants. Gifts of books and donations will be gratefully accepted by the Library Committee.

The Irish Matrons' Association sent a resolution to the various Irish Nurse Training Schools, stating that it was of opinion that three years' training in the wards of a recognised Training School or Schools for Nurses was essential to entitle V.A.D. Nurses to a certificate of a Trained Nurse.

All information concerning these pioneer Associations can be obtained from Mrs. O'Keeffe, Secretary, 34, St. Stephen's Green, Dublin, Ireland.

FORTITUDE.

By MALTBE D. BABCOCK.

Be strong!

We are not here to play, to dream, to drift;
We have hard work to do, and loads to lift.
Shun not the struggle, face it—'tis God's gift.

Be strong!

Say not the days are evil—who's to blame?
And fold thy hands and acquiesce—Oh, shame!
Stand up, speak out, and bravely, in God's name.

Be strong!

It matters not how deep intrenched the wrong,
How hard the battle goes, the day how long;
Faint not, fight on! To-morrow comes the song.

—From "The Canadian Nurse."

WORD FOR THE WEEK.

The present great industrial unrest is due to the fact that men refuse any longer to work for men who want to fatter them, but demand to stand up face to face with them as brothers.
—Bishop Brewing.

COMING EVENTS.

October 10th.—Society for State Registration of Nurses: Meeting of Executive Committee, 431, Oxford Street, London, W. 4 p.m.

October 11th.—Association of Trained Nurses in Public Health Work. Conference. Offices of Royal British Nurses' Association, 10, Orchard Street, London, W.1. Paper on "Nursing Schools" by Miss Freere. Fully trained nurses invited. 3.30 p.m. Tea.

October 14th.—The Society for the Study of Inebriety. Eighth Norman Kerr Memorial Lecture. Mrs. Mary Scharlieb, C.B.E., M.D. "The Relation of Alcohol and Alcoholism to Maternity and Child Welfare." 1, Wimpole Street, Cavendish Square, W. 1.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

TRAINED NURSES IN PUBLIC HEALTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think Miss Alderman makes rather a large demand when she asks all trained nurses in Public Health not to take advice from correspondents who do not sign their names to the statements they make, for the advice may be good, and they may have valid and sufficient reasons for preferring to use a pseudonym.

Your correspondent takes exception to the recent Circular issued to Local Authorities from the Ministry of Health on the ground that it does not lay down the principle that the minimum qualification for Public Health appointments should be three years' general training in a recognised training school. Every trained nurse would be glad to see this standard adopted, but are we sure that there are sufficient trained nurses ready and willing to take up the appointments which will have to be filled? My own view is that the practicable course for the Ministry of Health to adopt at present is to urge Local Authorities to give preference to suitable applicants who are trained nurses.

But we must not forget, as the Board of Education points out in the Prefatory Memorandum of its Draft Regulations for the Training of Health Visitors, that while "it is fully recognised that the three years' training necessary for a fully qualified hospital nurse is of value to a Health Visitor... these courses do not cover many of the functions which a Health Visitor may be expected to perform."

Even for the work of District Nursing, which is more closely allied to hospital nursing than that of Health Visiting, Queen Victoria's Jubilee Institute has found that a further special training is necessary for Queen's Nurses, and the six months' course it has established is invaluable to those taking up district nursing.

I quite agree that it would be absurd to send a girl of twenty, whatever her previous training, to give advice as Health Visitor, but the Memorandum of the Board of Education expressly states, in regard to the courses proposed, that "it has to be recognised that students who enter at the minimum age (18) will only be 20 years of age on the completion of their course, and generally will not be sufficiently experienced or mature at once to take posts of responsibility." It contemplates that they will either take a further course of training, or take posts of limited responsibility in Infant Welfare Centres or elsewhere.

A girl could scarcely occupy her time better, while waiting to enter a hospital for training, than by taking the Health Visitors' course proposed.

Wherever the course is taken, whether at a Polytechnic or elsewhere, it must be conducted by, or in close association with, a University Institution, and must provide for both theoretical and practical training in about equal proportions.

Miss Alderman appears to disapprove of training being given at the Battersea Polytechnic. So far as I am acquainted with the training given there I should say it is very well qualified to arrange theoretical courses for this purpose.

I certainly join issue with Miss Alderman in her view that it "is an insult to the motherhood of our country" that the course need not include the whole of the syllabus prescribed for the certificate of the Central Midwives' Board.

If there is one thing the Health Visitor should not do it is that she should not visit midwifery cases while a midwife is in charge. The midwife is already under the authority of the Medical Officer of Health and the Inspector of Midwives, and what confidence will her patient have in her if the Health Visitor also comes round giving advice?

Why then should the Health Visitor be required to know all the highly technical details of practical midwifery when they are not included in the sphere of her work?

Yours faithfully,
MARGARET BREAY.

Crossways, Chilworth.

[This communication refers to the letter of Miss Alderman which appeared in our issue of September 13th.—ED.]

TRAINED NURSES IN PUBLIC HEALTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I point out to trained nurses in Public Health work that there is not the slightest ground for making the statement that, "in the near future, the demand for fully-trained nurses in public health work will be greater than the supply to meet it." Wherever a public health appointment is properly advertised, the medical officers and committees have plenty of applications from fully-qualified nurses holding additional qualifications. Generally, six candidates are selected for one or two appointments.

In providing three types of training, the Ministry of Health are providing themselves with complications sufficient to carry on a hundred years' war. You cannot put graduates of an approved curriculum under trained nurses, or trained nurses under graduates who are not trained. Girls of twenty may resent their responsibility being limited, because they have been recognised as *Health Visitors* by the Ministry of Health. The regulations expressly state that they may be recognised as *Health Visitors*. They are also to be given a certificate. Already many applications from trained nurses for health training have been rejected, and the applications of girls from secondary schools entertained. There is no open door. The statement, "such students will, however, often desire to take a further course of training, such as that for the certificate of the C.M.B.,

or they may, in the first instance, take posts of limited responsibility in infant welfare centres or elsewhere," does not *bind* a girl to take a post of limited responsibility or *bind* any authority to employ her in that capacity. She is hall-marked as a *Health Visitor*. She emerges on the same level as a trained nurse who has had four or five years' training.

1. The regulations of which I disapprove were presumably submitted to the Ministry of Health, and were largely drawn up by the Women Sanitary Inspectors' Association. I have met those regulations before.

2. No advisory council of trained nurses in public health was invited to offer any healthy criticism before they were adopted.

3. The growing need and the increased demand for the services of trained nurses has been deliberately concealed, especially has the fact been concealed that all well-managed centres and dispensaries are in the charge of trained nurses. The numbers of trained nurses in public health have not been tabulated.

4. Medical men and women holding appointments in public health departments all over the country have been ignored.

5. Throughout the document the main idea is the creation of training and positions for girls and graduates who are not trained nurses. The nature of public health work and the needs and rights of the people are not thus best considered.

I remain,

Yours truly,

C. MARGARET ALDERMAN.

KERNELS FROM CORRESPONDENCE.

"Canadian Nurse": "I had the delight of seeing the Prince of Wales when he was in Toronto. He is a dinky darling."

Out of Work.—"Surely, if Sir Arthur Stanley is head of the College for *Trained Nurses*, he should make it a rule, as Chairman of the Joint War Committee, that V.A.D.s are not permitted to do private nursing for which they are not qualified. The College cannot serve God and Mammon."

OUR PRIZE COMPETITION.

QUESTIONS.

October 11th.—Name and differentiate between the different kinds of hæmorrhage met with in pregnancy.

October 18th.—How are foods digested? Name the various juices secreted by the different parts of the alimentary canal.

October 25th.—In what ways may a patient's breathing be affected, and what is their significance?

HOW TO HELP THE B. J. N.

1. Subscribe for it.
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The Midwife.

HEALTH OF THE CITY OF LIVERPOOL.

The report on the Health of the City of Liverpool during 1918, issued from the Health Department by Dr. E. W. Hope, O.B.E., the Medical Officer of Health, is a model of what such a Report should be. The statistics and maps are exceedingly valuable for purposes of comparison. It is interesting to note that:—

During the year 1918, two hundred and ten midwives gave the required notice, under Section 10, of their intention to practise midwifery.

A total of 12,662 births was attended by these midwives, and 1,567 by the midwives on the Staff of the Ladies' Charity, making altogether 83.0 per cent. of the total number of births registered in the City. So far as can be ascertained there were no births attended during the year by uncertified women.

A MATERNITY HOSPITAL FOR MONMOUTHSHIRE.

Major J. W. Beynon, of Castleton, has purchased Troedryhiw Vawr, Newbridge, standing in its own grounds of three acres, with some adjoining property, with the object of presenting the Monmouthshire County Council and Nursing Association with a maternity hospital for the county. It is Major Beynon's intention to bring the premises right up to date with modern requirements and to build an operating theatre in addition.

The site of the hospital is commanding, and is splendidly situated.

No better gift could be given to the county than this handsome provision by Major Beynon. We learn that by the time the hospital and grounds are handed over to the authorities for use, the gift will mean the greater portion of £10,000.

NOTES FOR MATERNITY NURSES.

It is a pleasure to receive once more the "Allenburys" Note Book for Maternity Nurses, with Recipes for the Sick Room, as owing to Government restrictions on the issue of printed matter during the war the distribution of these Note Books has been withheld. The Note Book contains a large amount of information useful to maternity nurses, as well as pages at the end for addresses, engagements, receipts and expenditure and memoranda.

The information given includes the signs of pregnancy, an obstetric table, the development of the fetus according to the lunar months, the preparation of the lying-in room, the necessities to be obtained, the requisites for the nurse, for the toilet of the infant, before labour, after labour, food, and the general care of both mother and

infant, details as to the registration of birth, notes on the comparison of Centigrade and Fahrenheit thermometers—a difficulty to so many nurses.

Under the headings "Food Preparations suitable for Infants and Young Children," and "Useful Recipes for the Sick Room," a large amount of valuable information is given. There are also notes of Messrs. Allen & Hanburys' special preparations and appliances, and a maternity nurse or midwife who carries with her these "Notes for Maternity Nurses" will find it a most valuable book of reference.

Messrs. Allen & Hanburys also publish a very handy "Maternity Nurse's Case Sheet," and will send a supply of these sheets, free of charge on application, to Allen & Hanburys, Ltd., Lombard Street, London, E.C.

TO A CHILD WHO INQUIRES.

How did you come to me, my sweet?

From the land that no one knows?

Did Mr. Stork bring you here on his wings?

Were you born in the heart of a rose?

Did an Angel fly with you down from the sky?

Were you found in the gooseberry patch?

Did a fairy bring you from Fairyland?

To my door that was left on the latch?

No. My darling was born of a wonderful love,

A love that was daddy's and mine;

A love that was human, but deep and profound,

A love that was almost Divine.

Do you remember, sweetheart, when we went to the Zoo

And we saw that bear with a grouch?

And the tigers and lions, and that tall kangaroo

Who carried her babes in a pouch?

Do you remember? I told you she kept them there safe

From the cold and the wind, 'till they grew

Big enough to take care of themselves? Well, dear heart,

That's just how I first cared for you.

I carried you under my heart, my sweet,

And shielded you safe from alarms,

Till one wonderful day Our Lady looked down,

And my darling lay in my arms.

OLGA PETROVA.

WORK OF THE MIDWIFE.

The patient often has an absurd and exaggerated idea of the knowledge of the midwife; this is valuable at times, e.g., they readily agree to have medical advice where there are the conditions, specified in the rules of the C.M.B. that oblige the midwife to urge its necessity. The midwife has to teach the mother common sense hygiene, the preparations necessary for herself and the baby, to put her in the way of acquiring knowledge of mothercraft, to visit the home and make tactful suggestions, to encourage the mother to seek her advice if anything goes wrong. At present this is not done by all midwives.

OLIVE HAYDON.

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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Vol. LXII

EDITORIAL.

THE DOOR OF OPPORTUNITY.

"The first duty of medicine is not to cure disease, but to prevent it." With these words Sir George Newman, Chief Medical Officer of the Ministry of Health, begins a memorandum addressed to the Minister of Health,* in accordance with his instructions, on "some of the principal medical matters having relation to the practice of Preventive Medicine." He defines the objects of Preventive Medicine as follows:—

(i) To develop and fortify the physique of the individual, and thus to increase the capacity and powers of resistance of the individual and the community.

(ii) To prevent or remove the causes and conditions of disease, or of its propagation.

(iii) To postpone the event of death, and thus prolong the span of man's life.

Much, says Sir George Newman, has already been achieved in these three directions, and to-day human life is potentially a better thing than in the past. Leprosy, sweating sickness, and the plague have disappeared in England; cholera has not been epidemic since 1866; the small-pox, though liable to outbreak, appears to be vanishing under our eyes, and compared with only a century ago is relatively a rare and mild disease; typhus, or gaol fever, is rarer still; typhoid and diphtheria are yielding to improved sanitation and isolation, and the use of antitoxin; hospital gangrene and sepsis in their gross forms have largely disappeared in response to the application of antiseptic treatment; and some of the greatest scourges of the world, such as malaria and yellow fever, are coming steadily under control. The advance in the public health has been remarkable in degree, wide in scope, and steady in occurrence. We have, therefore, substantial grounds of hope in the future. Yet this must not blind our eyes to the issues remaining.

THE SCIENCE AND ART OF HEALTH.

The science and art of medicine, we are told, is not restricted to the diagnosis and cure of disease in its gross forms; it includes also a knowledge of how disease comes to be, of its earliest beginnings, and of its prevention. It is, in fact, the science and art of Health, of how a man may learn to live a healthy life at the top of his capacity of body and mind, avoiding or removing external or internal conditions unfavourable to such a standard, able to work to the highest power, able to resist to the fullest, growing in strength and efficiency.

The first line of defence is a *healthy, well-nourished, and resistant human body*. And to this end, says Sir George Newman, the whole man must be dealt with, for he is something more than animal. His body is, in greater or less degree, the instrument and expression of emotion, intellect and will. There is thus a psychological aspect of clinical and preventive medicine hitherto greatly neglected.

Preventive medicine must define and secure the maximum of those conditions of life for the individual and the community which are the frontier defence against disease, and establish the foundations of sound living. For the health and physique of the people is the principal asset of a nation.

THE CARE OF MATERNITY.

Concerning the care of maternity, Sir George Newman considers a complete maternity scheme includes (a) an adequate medical, midwifery, and nursing service; (b) the satisfactory and sufficient nutrition of the mother; (c) maternity centres and ante-natal supervision; (d) maternity home and hospital accommodation; (e) domestic aid before, at the time of, and after child-birth; (f) maternity benefit and other financial aid in certain cases; and (g) notification of births and still-births.

The author also insists, in regard to mental disease, on the practicability of establishing suitable psychiatric clinics for dealing with early cases of mental and nervous disorder, with a special medical and nursing staff, and free from powers of detention or the control of the Poor Law.

* "An Outline of the Practice of Preventive Medicine." H.M. Stationery Office, Imperial House, Kingsway, W.C. 2. Price 6d. net.

AUXILIARY SERVICES.

In the adequate practice of medicine, we are reminded, the private practitioner is not the only agent. Closely associated with him are the midwife, the nurse, the health visitor, the sanitary inspector, the dispenser, and the expert workers in electric treatment, massage, and remedial exercises. In all parts of the country many thousands of cases of illness require for their adequate treatment the services of a nurse or expert masseuse. The proper training, registration, employment and distribution of these invaluable coadjutors calls for consideration in any national scheme of preventive and curative medicine. These professions, ancillary to medicine, have, of course, been well represented for many years; but there is need at the present time for more thorough and prolonged training, and for appropriate arrangements for bringing, in association with the local authority, such services to the aid of the patient.

In a footnote, Sir George Newman points out that regulations have recently been issued (by the Board of Education) for the training of midwives and health visitors. The registration and supervision of nursing homes should also be considered.

GENERAL HOSPITAL SYSTEM INSUFFICIENT.

He considers the general hospital system unorganised and insufficient, and that the old idea that only critical, advanced, or emergency cases should be admitted to hospital must be discarded. Essential treatment, not otherwise obtainable, should be the criterion, and the hospital of an area should be re-organised on a basis of a central hospital, having auxiliary and special hospitals associated with it, a co-ordinated network.

THE BODY THE TABERNACLE OF THE SPIRIT OF MAN.

Lastly, Sir George Newman points out that we stand to-day at the door of opportunity. Knowledge and clearness of mind, the broad vision, strength of will, and sympathy of heart have been in the past, and they will be in the future, the inspiration of all high human endeavour. "As a student and a workman," he says, "I avow my belief that, in order to reach their fulfilment, the science and art of preventive medicine need the same inspiration. No far-reaching medical reform is separable from social reform, which in its turn finds its source in the highest inspirations of the people. Thus here, on this common physical plane, here or nowhere, the issue must be determined, and the ancient ideal of Hippocrates attained—the love of humanity associated with the love of

craft.' For the impairment of the physique of the human body is the impairment of intellectual and moral fibre, and the body is the tabernacle of the spirit of man."

Nurses will desire to associate themselves with this noble ideal.

OUR PRIZE COMPETITION.

HOW ARE FOODS DIGESTED? NAME THE VARIOUS JUICES SECRETED BY THE DIFFERENT PARTS OF THE ALIMENTARY CANAL.

We have pleasure in awarding the prize this week to Miss S. F. Rossiter, Royal Naval College, Osborne.

PRIZE PAPER.

Foods are divided for purposes of digestion into five groups, namely: (1) proteins, (2) carbo-hydrates, (3) fats, (4) water, (5) salts. These are acted upon at different stages of their passage through the alimentary tract by certain juices which contain different ferments. A ferment acts in an alkaline or acid medium at the body temperature and breaks down food bodies, rendering them soluble.

These juices are as follows:—

1.—*Saliva*, secreted by salivary glands, situated in mouth, namely: parotid, sub-lingual, sub-maxillary. The active principle of saliva is a ferment called ptyalin, which acts in an alkaline medium upon carbo-hydrates, converting them into a form of sugar.

2.—*Gastric Juices*, secreted by glands in mucous membrane of stomach, containing a ferment called pepsin, which acts upon proteins and converts them into peptones. This requires an acid medium, which is supplied by glands at cardiac end of stomach which secrete hydrochloric acid.

3.—*Bile*, secreted by liver, contains no ferment, but emulsifies fats and prevents putrefaction of foods.

4.—*Pancreatic Juice*, secreted by pancreas, containing four ferments: (1) trypsin, (2) steapsin, (3) amylopsin, (4) rennin. Trypsin continues action of pepsin upon proteins; steapsin aids bile in its action upon fats; amylopsin finishes work of ptyalin on carbo-hydrates; rennin forms milk into curds.

5.—*Succus Entericus*, secreted in large intestine, contains ferment erepsin, which completes solution of peptones.

Having described the juices necessary for digestion, we come to the structures and mechanism concerned in process of digestion.

Food is taken into mouth, masticated by teeth, mixed with saliva, formed into bolus by muscles of cheek, tongue and soft palate.

It is passed by muscles of deglutition over epiglottis into oesophagus, which lies behind trachea and runs from pharynx to stomach (measuring seventeen inches). It enters stomach at cardiac orifice, and is acted upon by the gastric juices, and some of the peptones are absorbed by the mucous membrane which lines the stomach.

The residue is now a soft mass called chyme, and passes through pyloric orifice into the duodenum, which is the first twelve inches of the small intestine.

Here it is acted upon by the bile and pancreatic juices which enter by small ducts. It now becomes a milky fluid, containing peptones, water, salts, and emulsified fat. This is called chyle, and as such it enters the remaining part of the small intestine, namely: jejunum and ileum. This is lined with folds of mucous membrane called *valvulae conniventes*; these folds allow of a greater surface for absorption. Here we find numbers of finger-like projections called villi, and in their structures are lacteals and lymphatics. The lacteals convey the soluble peptones to the blood stream, and the lymphatics collect emulsified fat and carry it *viâ* the thoracic duct or receptaculum chyli to the junction of the left jugular and left subclavian vein.

The remaining partially digested food now passes into the large intestine, which consists of three parts: colon, caecum, rectum. Here the completion of digestion and absorption takes place and waste products are expelled.

The time taken for digestion varies between one to five hours, according to nature of food, white meats, *e.g.*, veal and pork, taking about four hours.

Ptyalin, the active principle of saliva, is not secreted during the first six months of life. This must not be overlooked when choosing diet for an infant, as so many patent foods contain a large percentage of carbo-hydrates.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Elsie Hooper, Miss J. G. Gilchrist, Mrs. Farthing, Miss R. E. S. Cox, Miss L. D'Oyly-Watkins, Miss L. Morley, Miss E. O. Walford, Miss M. D. Hunter, Miss A. E. Cartwright, Mrs. J. Gotlob, Miss A. Douglas, Miss Jane McNeillie.

Miss Morley describes the stomach as a muscular bag lined with a mucous membrane which lies in wrinkles when the stomach is empty and smooths out when distended with food.

QUESTION FOR NEXT WEEK.

In what ways may a patient's breathing be affected, and what is their significance?

RELATIVE SIZE OF INFANT'S STOMACH IN CONJUNCTION WITH FOUR-HOURLY FEEDING.

By Miss J. B. N. PATERSON.

We are all familiar with Professor Rotch's diagram of the infant's stomach. This model, and the travestied pink copies which one sees at Welfare Centres, are now stumbling blocks to many who wish to adopt the four-hourly feeding of infants. It is well to remember that this diagram is merely anatomical, and that with the advent of X-ray and Bismuth it has been physiologically proved that some of the more fluid part of the milk passes quickly into the duodenum. Overfeeding still has harmful results, as evidenced by elongation of the intestine, with accompanying loss of tone and the typical "pot belly"; but it is misleading to tell the nurse or mother that a baby's stomach can only hold one ounce, and yet ask her to feed the child four-hourly instead of heretofore—two-hourly. They sense a discrepancy: either the baby will starve or be sick, or worse, that little "rubber bag"—the stomach—will be over extended! The mother's milk takes $2\frac{1}{2}$ hours to pass completely through the stomach, cow's milk $3\frac{3}{4}$ hours (Dr. Bolt, of Cleveland). To allow of complete digestion and emptying of the stomach the *least* interval should be obviously 3 hours. Hundreds of thousands of children have been fed four-hourly from birth with excellent results. In general, Dr. Truby King advocated four-hourly feeding, although he was inclined to advise three-hourly feeding in cases where extra stimulation was necessary for the mother's breasts, owing to deficient milk supply. Now the necessary stimulation is usually obtained on four-hourly feeding by massage and bathing of the breasts, and regulating the diet and life of the mother.

Regarding caloric estimation of the baby's requirement according to body weight, the full requirement of 50 calories per lb. per diem in the first quarter is not advisable or workable until the baby is in the fourth week of life. We find, by weighing a large number of normal babies before and after nursing, that the average normal requirement is:—

8 to 10 ounces	at the end of the first week.
13 to 15 "	" " " second week.
16 to 18 "	" " " third week.
20 to 22 "	" " " fourth week.

A normal baby one month old, weighing $8\frac{1}{2}$ lb., requires 50 calories per lb. per diem; $8\frac{1}{2}$ multiplied by 50 equals 425. Mother's milk averages 20 calories per ounce, therefore 425

divided by 20 equals $21\frac{1}{4}$ ounces. Give five feeds of $4\frac{1}{4}$ ounces.

The child should gain about $1\frac{3}{4}$ lb. monthly in the second and third months, fourth month $1\frac{1}{2}$ lb., fifth month $1\frac{1}{4}$ lb., till at ninth month only about $\frac{1}{2}$ lb.; the rate of growth being greatest in the first months, so is the need of calories, according to weight, then greatest. The protein necessary for building the tissues and for their repair is present in the mother's milk in a greater proportion in the early days than in the latter months, because the child gets little milk the first few days of life, but that little is concentrated. This is a strong natural reason against feeding infants on whole cow's milk. Surplus protein is used solely as combustible matter; as combustible, however, protein is not only dear, but even injurious, for almost half is excreted unconsumed by the kidneys. (Prof. V. Piquet.)

It is suggested that a normal infant should average only about two normal motions per diem, instead of three to four, or even five, as evidenced by those working with children. The extra motions are regarded as due to over-feeding.

N.B.—A calorie is the amount of heat necessary to raise a certain amount of water to a certain degree of temperature. All food has latent heat, and acts in the body as the coal does in the fire. We calculate how many scuttlefuls of coal we require for certain fires. The supply of food for the body can be calculated in much the same way.

THE NURSES' REGISTRATION BILL.

It will rejoice the whole Nursing Profession to learn that Dr. Addison, the Minister of Health, is devoting much time to the consideration of his Nurses' Registration Bill, and in consultation with those in favour of this urgently necessary measure, has made great progress with it and hopes to introduce it at an early date. Parliament reassembled on Wednesday, and if State Registrationists can agree to support the Bill when finally drafted, it is not improbable that it may become law before Christmas. This seems almost too good to be true, and it is sincerely to be hoped that after thirty years' devotion to the cause the pioneers of the movement may rejoice in its fulfilment, and that future generations of nurses will reap the fruit of their labours. It is to be hoped that the nurses of the future will appreciate the privileges such legislation will confer on them, and that Nursing will attain the honourable status in the body politic which it deserves.

NURSING ECHOES.

A father of two Queen's Nurses writes to the Press that it is no wonder there is a shortage of nurses, when the outlook is so poor. "Take those noble women, the Queen's Nurses, who throughout the war have done valuable district work, comforting the women and children in their troubles while the men have been away. Yet these women have received no bonus or increase of wages during this time, and the honours have been going to W.A.A.C., the W.R.N.S., and the W.R.A.F., while the above have been entirely overlooked."

The very serious depreciation of trained nursing through the domination of society women and their parasites is already having a very marked effect on our profession. Well-educated intelligent girls are refusing to be "hewers of wood and carriers of water" for four strenuous years, as hospital probationers, when they see promotion in the Army Services, in Public Health work, and in other directions, commandeered for the V.A.D., with less efficient training. More and more the class of girl who would make our best nurse intends to become a medical woman, or to qualify for work where merit and not interest means promotion; and where there is a chance of making a living without amateur competition. Women medical students just entered at Manchester University alone amount to 373, and the authorities are faced with considerable difficulty in accommodating them.

We hear of one large London Hospital in need of 100 probationers, and as it is notorious for its exploiting policy, we consider it a healthy sign of the times that cheap white labour is not so abundant as in times past. Until a Nurses' Registration Act is in operation, protecting the status and work of the thoroughly qualified nurses, we cannot conscientiously recommend well-educated, fine young women to become nurses. At present, conditions are intolerable.

By the bye, what are the Nurses' Organisations, and for that matter the College of Nursing, Ltd., doing about the two Bills introduced by Sir Robert Horne, Minister for Labour: (1) the Minimum Rates of Wages Commission Bill, and (2) the Hours of Employment Bill? After all the fuss made by the College on these questions, surely it intends to see that nurses, trained and in training, are included in the classes to benefit, and not

amongst the excluded classes! We presume, also, that the National Council of Women will use its influence in this connection. Both bodies have issued reports claiming reforms re work and wages. Now is their opportunity to see them effected through legislation.

The following little bit of snobbery is from the *Church Times*:—

WANTED.

£90.—Mother and daughter or two friends required as COOK-HOUSEKEEPER and DOMESTIC WORKER (experienced) for eight-roomed house. Country, near station. Daily between-maid kept, also gardener who gives assistance house. Family four and nursery governess. V.A.D. dresses and aprons provided, no caps.—Mrs. W. ———.

What are "V.A.D. dresses and aprons?" We believe they were trained nurses' uniform in these particulars, and it was only the cap which was manipulated to make a distinction, so Mrs. W. cannot be run in and fined for infringing the dignity of the V.A.D.

In this connection we note in the medical quarter in which we reside that many nurse-maids have now assumed the white cap and veil worn by nurses home from the war, and which have quite superseded the nurse's bonnet. In France the little bonnet, which could be very becoming and modish if worn aright, was not found all that could be desired "at the front," so some natty French fingers designed the white-banded veil. This headgear became universal in military nurses' uniforms, and we found it a passport when attached to the French Military Service. Now that our nurse-maids have adopted it, what is the next distinguishing headgear for the trained nurse? Let us hope our Bill will soon be in force, and then a "registered" uniform will be possible.

The public, who are feeling the financial strain in every direction, is up against the prohibitive cost of Nursing Homes, and "Richard George," writing in the *Daily Sketch*, says, "a month in a Nursing Home can be as expensive as living in a first-class hotel." There are Homes and Homes, we know, but sickness in a first-class hotel is a very costly matter indeed, and is apt to lack professional supervision. At the same time, when Mr. George complains that "a private nurse" from a "nursing institute" costs three to five guineas a week, in addition to her food, accommodation in your house, travelling expenses and laundry, and out of this the nurse gets about a pound a week, the rest going to keep up the institu-

tion," he is on the spot. Nurse-farming is out of date, and is a very long-standing abuse which no doubt the Nurses' Trade Union will tackle. If no trade unionist subscribed a penny to hospitals which exploited private nurses, and nurses refused to submit to the system, it would soon be stamped out.

The Allies are indebted to the members of the American Red Cross not only for valuable assistance in the care of their sick and wounded during the war, but for help still rendered in the devastated districts and among civilian populations. Recently we had the pleasure of meeting Miss Mary Fraser, who, with Miss Edna Foley, the well-known Superintendent of the Visiting Nurses' Association, Chicago, is now doing public health nursing in Italy. Miss Foley is working in the Eternal City, and Miss Fraser in a village close to Florence, where she finds her work most interesting. She speaks appreciatively of the care given by Italian mothers to their children, and having examined over 2,000 of these children from the crowns of their heads to the soles of their feet, reports that, with few exceptions, they were clean, well-nourished, and well clothed. The beds in their homes are also very clean and comfortable, and are constantly re-made and aired.

The Italian lives simply, mainly on black bread, macaroni, fruit, vegetables, and the light wine of the country—a diet suited to the climate, where the carbo-hydrates which enter so largely into the dietary of our northern country are, to a great extent, unnecessary.

It is proposed that the Association of Nurses of "La Source," Lausanne, shall enlarge its borders, and its monthly organ contains an interesting paper on the "Foundation of Sections of the Association." It is pointed out that it has long been recognised that unity is strength, and that it requires exceptional qualities, and often special financial resources, to be able alone, and without support, to compel the attention of modern society, and secure respect for one's work. But organisation, societies, associations, entail the renunciation of personal liberty for the benefit of the community. This does not appeal to modern women, but it is less irksome when the committee of the association is chosen by themselves, and when the regulations can be modified according to circumstances.

It is thought that if the Association does not entirely meet the needs of its members it is because the majority of them do not live in Lausanne and therefore the Committee at

headquarters does not satisfy their desires. To obviate this it is suggested that sections of the Association should be founded in those countries where the *Gardes Malades* of La Source are exercising their activities, and Paris, Alsace, Italy, Belgium, Holland, Spain, Portugal, Zurich, Basle, and Berne, are suggested as suitable centres. We shall watch with interest the developments of this proposal.

The Universe publishes an interesting story of the secret service work of a Belgian priest, Père Meeus, S.J., who, from the beginning of the war, worked at the continual risk of his life as one of the directors of the organisation for maintaining the morale of the Belgian people under the German yoke. He was also a collaborator of *La Libre Belgique*, the source of which the Germans could never trace. He originated a daring scheme for carrying correspondence between Belgian soldiers and their wives in the invaded districts, and was able by this means to forward over 1,200,000 letters. He also worked with Miss Cavell and others in passing soldiers over the frontier, amongst them some 400 British soldiers.

At a meeting at Oxford Père Meeus stated that Miss Cavell resolved to help our soldiers to escape, because as long as three months after Mons the Germans were killing their British prisoners out of rage. He told also how the escaped prisoners were taken into Brussels in disguise, and were there met by the *grand espionne*. This was a little girl of eleven, who used to carry a big doll, run about and play, and look in at the shop windows. The soldiers would follow her without any sign of recognition on her part. Then she would stop outside the house in which Miss Cavell met them. The soldiers were bandaged up, transformed into hospital patients, and introduced to Père Meeus as M. Janssen or Baron Janssen. He then got the soldiers across the frontier.

Disguised as a cattle drover Père Meeus got to Ostend and discovered the lurking place of the German submarine. It was also discovered that it was the custom of the officers of Zeppelins and Gothas to dine together before an air raid into England. Père Meeus thereupon set up as a pastrycook, and thus found out when the dinners were to be given, and then, by means of carrier pigeons into Holland, informed the Admiralty of the impending raid.

It was only because Cardinal Mercier sent for Père Meeus to get an important message into Holland that he was not arrested with Miss Cavell.

HONOURS FOR NURSES.

The following ladies have been decorated with the Royal Red Cross:—

THE ROYAL RED CROSS (FIRST CLASS).

Matron Lily Ephgrave, Queen Alexandra's Imperial Military Nursing Service, and Miss Elizabeth Orr, Queen Alexandra's Imperial Military Nursing Service Reserve.

THE ROYAL RED CROSS (SECOND CLASS).

Queen Alexandra's Imperial Military Nursing Service Reserve.—Assistant Matron Louise Bennett, Sister Agnes Edgar, Sister Susanna Haig, Sister Emily Manser, Sister Helen Patterson, and Miss Jean Wells.

Egyptian Army Military Nursing Service.—Sister Dean Lovibond.

British Red Cross Society.—Matron Daisy Bulloch, Matron Mary Sinclair, and Sister Alice McConnon.

Voluntary Aid Detachment.—Miss Irene Anagnostopulo, Miss Lorna Cay, and Miss Alexandria Ross.

MILITARY NURSING NOTES.

HELP FOR DISABLED NURSES.

It has been decided to extend the scope of the King's Fund for the disabled, so as to include disabled nurses who are pensioned under the Royal Warrant in respect of war service. Applications may be made to the Secretary, Millbank House, Millbank, London, S.W.1. The main purpose of this provision is to assist such applicants to start in work or set up businesses, to change their homes, or to proceed abroad on medical grounds or in order to take up employment.

THE 1914 STAR READY.

The War Office announces that the "1914 Star" is now ready for issue to all units of the Army, including the Military Nursing Services.

Officers (or nurses) and other ranks not now serving who have not yet received their Stars should apply in the former case to the Secretary, War Office (A.G. 10), 27, Pilgrim Street, E.C.4, and in the latter case to the Officer in Charge of Records concerned. In the case of deceased officers, nurses, and other ranks, applications from their legatees or next-of-kin should be similarly addressed.

1914 STAR FOR HOSPITAL SHIP NURSES.

The War Office has officially decided "to award the 1914-1915 Star to the military nursing sisters who served on the staffs of the hospital ships plying to and from a theatre of war between August 5th, 1914, and December 31st, 1915, inclusive." The ribbons are already available, but it may be some months before the Stars are ready. The hospital ship sisters and nurses will now also be eligible for the British War Medal and the Victory Medal, so justice in this particular has been done at last.

Miss Nora Fletcher, the principal matron in France during the war, is to superintend the selection and preparation of the articles selected to be shown, in the rooms set apart at the London Museum, dealing with the various organisations centred round the Joint War Committee. Representative uniforms of all ranks will be included in the exhibit.

PRESENTATION TO MISS MARSTERS.

Miss S. M. Marsters, Superintendent of the Marylebone and Paddington District Nursing Association, and Commandant of the London 34th V.A.D. detachment of the British Red Cross Society, Marylebone Division, has just been presented with a gold watch by about forty V.A.D. nurses in appreciation of her work during the nine years she has been Commandant of the detachment. The presentation took place in Miss Duguid's suite of apartments at 55, Manchester Street, when reference was made to the splendid work performed by Miss Marsters before and during the war, and a tribute paid to her universal popularity.

WAR MEMORIAL.

The name of Nurse Ellen Lucy Foyster has been received by the Borough of Islington War Memorial Fund for inscription in the entrance hall of the memorial extension of the Great Northern Central Hospital. Nurse Foyster, who was drowned in the Hospital Ship "Salta" in 1917, was trained at this Hospital, 1908-1912.

A JUTLAND MEMORIAL COT.

Archdeacon Ingles, Chaplain-General to the Navy last Monday dedicated a cot at the Queen's Hospital for Children, Hackney Road, to the memory of the officers and men who went down with H.M.S. *Black Prince* in the Battle of Jutland on May 31st, 1916. The Cot, which had been supported by the ship's company for many years, prior to the war, had been fully endowed by relatives of the lost officers and a number of the subscribers assembled on the occasion. Admiral E. R. Fremantle, in unveiling the tablet that had been affixed to the old Cot label bearing a large photograph of the ship, drew attention to the interesting fact that in the days of Queen Victoria when there were long periods of so-called world's peace, two out of every three British Naval officers could show wounds obtained on active service, the fact being that the British Empire was constantly engaged in little wars on its far-flung boundaries.

The ceremony took place in "Little Folks' Ward," and the Archdeacon was assisted by the Hon. Chaplain of the Hospital, the Rev. E. S. Burrows. The Chairman of the House Committee, Mr. J. Meller, thanked the subscribers on behalf of the Hospital, and the beautiful wards, well filled with little patients, were subsequently inspected.

NURSES' MISSIONARY LEAGUE.

The Valedictory Meetings of the N.M.L. to wish God-speed to 34 members sailing for the Mission Field this year were held on October 1st at University Hall, Gordon Square, W.C.

MORNING SESSION.

The Morning Session, at which there was a good attendance specially representative of the different hospitals, was entirely devotional, the subject being "The Gospel of Peace." The conductor was the Rev. J. O. F. Murray, D.D., Master of Selwyn College, Cambridge, who cycled from Cambridge in order to fulfil his engagement. Dr. Murray spoke of our "high calling," and the challenge of the time, emphasising that everything focused on Christ, "the Hope of the world." His address was deep and helpful.

AFTERNOON CONVERSAZIONE.

At the Conversazione the hostesses were Mrs. Sharpe, Mrs. Sturge, Mrs. Taylor Sang, and Miss E. M. Smith (China).

Miss E. V. Hope of Hingwa, S. China, gave an extremely interesting account of her work, and of the training of native nurses. One of the nurses whom she trained passed first with honours in all China in her examination. The standard of three years' training is now in force in the Mission Hospitals in China, and there is a Central Examination.

EVENING SESSION.

At the Evening Session the subject was "The Challenge of To-day's Opportunities," and the Chairman, Lieut.-Colonel W. McAdam Eccles, spoke well on the professional side of Nurses' work, showing that in missionary work not only medical and surgical training, but the certificate of the Central Midwives Board and a knowledge of operative midwifery, dispensing, and the administration of anaesthetics were invaluable. He referred also to the establishment of the Ministry of Health and to the question of the State Registration of Trained Nurses.

Miss Richardson, presenting her report as Secretary, said that 400 members of the League had been on active war service. Some had given their lives in the service of their country, but she thought an even greater sacrifice was that of the members who had given their health, and had now to face the prospect of disablement and poverty.

The sailing members present each spoke for a few minutes, and the closing address, on "The Greatness of the Opportunity," was given by the Rev. C. B. Bardsley.

SALE OF WORK.

A Sale of Work on behalf of The Nurses' Missionary League will be held at Sloane Gardens House, 52, Lower Sloane Street, London, S.W.1, on Saturday, November 15th, from 10 a.m. to 6 p.m. Members and friends are invited to help to make the Sale a success by coming themselves, and making it widely known.

A TRAINED NURSES' TRADE UNION.

A Mass Meeting will be held at the Mortimer Hall, 93, Mortimer Street, Great Portland Street, London, W., on Saturday, November 8th, 1919, at 3 p.m., to consider the advisability of forming a Professional Union (registered under the Trades Union Act) for the mutual help and protection of the Trained Nurse.

Miss MacCallum, who has been chiefly instrumental in promoting the movement, will be in the Chair.

The poster advises nurses to "Wake up, and not to wait and see." It cordially invites all nurses to attend as "The Matter is Urgent."

We hear a large gathering is expected, and that the speakers intend to be very frank in expressing their opinions on modern nursing conditions. Questions and expressions of opinion from the audience will be welcomed. The "Hush" policy to which nurses are so accustomed at meetings concerning their affairs will be quite out of place at this meeting; and it is hoped they will eagerly avail themselves of the opportunity to speak out.

THE POOR LAW WORKERS' TRADE UNION.

We quote from the *Poor Law Officers' Journal*:—

Reporting to the Warwick Guardians on the question of the hours for the nursing staff, the Hospital Committee stated as follows:—"We have considered the question of working hours for the nursing staff, and have had before us a report drawn up by the Master and Superintendent Nurse showing how the work could be carried out on the basis of a 48 hours' working week, also on a basis for increasing the off-duty time without bringing the working hours so low as 48 per week, and we recommend that the Day Nurses should have an average working week of 53½ hours and the Night Nurses an average working week of 56 hours. This will entail the appointment of one extra Charge Nurse and two extra Probationer Nurses, at an estimated yearly cost of £234 5s. 4d. inclusive of a war bonus on the present scale. We recommend that the nursing staff be so increased, subject to the approval of the Ministry of Health."

Mr. S. Holloway, Chairman of the Committee, said he was in the unenviable position of having to propose the adoption of a recommendation with which he did not agree. He said the Nurses—to be fair to them—were not responsible for the framing of the recommendation, but it had been made as the result of a letter received from a new organisation, which called itself the Poor-Law Workers' Trade Union, which demanded shorter hours for Poor-Law officers. On the grounds that if shorter hours were granted to the officers, the Nurses were also entitled to them, the recommendation now before the Board had been made. The shortening of the nurses' working hours would necessitate the employment of three new nurses, and also the provision of sleeping accommodation,

of which there was not sufficient at present. He thought it was time a stop was put to such continual increases of expenditure. He was quite in sympathy with the nurses having more time off, but it was of no use for a local administrative authority to talk of economy while all its actions spoke of extravagance. That was the way in which economical madness lay.

The Master (Mr. A. H. Measures) said the nurses now averaged from 62 to 63 hours per week, and worked very hard. Theirs was one of the most arduous posts in the institution. Their work was laborious, both mentally and physically, their hours were long, and their work of a highly technical nature.

Upon being put the report was adopted.

AN UNJUSTIFIABLE SUGGESTION.

Speaking at the Tuberculosis Conference in London last week, Sir Arthur Stanley, Chairman of the Joint War Committee, expressed the hope that the Red Cross might be able to form a definite organisation under which they would secure for every one just that amount of skill and attention that was necessary in the early stages of any accident or disease, and so work on to a further stage where more skilled and trained assistance could be given in the great hospitals. He proposed to place Red Cross motor ambulances in convenient centres, and would like to see associated with the stations bodies of efficiently trained V.A.D.s who would attend to all the minor accidents that happened, and who in turn would be connected with the nursing centres which should be in every town and village. He believed the scheme would enable the Red Cross to do useful work in combatting tuberculosis.

Such organisation would be to make the fundamental mistake of the Red Cross in regard to organisation for war service, *i.e.*, to put the inexperienced workers in the Clearing Hospitals and on the lines of communication, and to keep the trained nurses at the base—a mistake to which this journal promptly drew attention, with the result that trained nurses were later employed and rendered invaluable service in the Casualty Clearing Stations close to the fighting line.

In a discussion dealing with tuberculosis schemes, in relation to Red Cross and other voluntary activities, Lady Aberdeen suggested that preliminary courses of instruction in tuberculosis work should be initiated at once by the Red Cross Society, so as to retain the services of the V.A.D.s. We hope that trained nurses, and not "book" nurses, will be entrusted with this work.

THE COVENANT.

The Covenant is the new organ of the League of Nations Union, price 3s. 6d. quarterly. Lord Robert Cecil introduces the review with a short article on "The Covenant," in which he sketches the task that lies before the Covenanters.

NATION'S FUND FOR NURSES.

"YE CAN DENEE WHAT YE'VE SAID, BUT YE CANNA DENEE WHAT YE'VE WRIT."—*Scottish Proverb.*

Sir Arthur Stanley visited Nottingham on October 16, and spoke in the Exchange Hall in support of "The Nation's Fund for Nurses," through which appeal to the charitable the College of Nursing, Ltd., is being endowed. The Mayor presided.

In his address Sir Arthur denied a "suggestion sometimes made that the College wrecked this year's Nurses Bill. On the contrary, their supporters voted for the second reading, but certain very necessary amendments that had to be put in to make the Bill workable were not inserted at the Committee stage, and the College supporters had to withdraw its support. The main reason the Bill failed to secure the further support of the House of Commons was because it absolutely failed to give any recognition to the governing bodies of the hospitals which were the training schools for nurses. The Minister of Health (Dr. Addison) undertook last session to bring forward a Bill for the Registration of Nurses. That Bill was under preparation, and he was not without hope that it might be on the Statute-book at the end of this year."

A resolution that a fund be raised locally to augment the funds of the College of Nursing, and that a Committee be formed for the purpose was proposed by Mr. Frederick Acton, chairman of the General Hospital, Nottingham.

Councillor Dr. A. Fulton, seconding, trusted that soon there would be no rival organisations, and that the nursing and medical professions would be one large, active society.

The resolution was carried unanimously.

These statements give us food for thought, and we are unable to reconcile Sir Arthur Stanley's statements with facts.

The Nurses' Registration Bill was purposely wrecked in the Commons by the Council of the College of Nursing, Ltd., through a whip sent out in Circular Letter form to nurse members, full of inaccuracies, and by the obstructive policy of Mr. Leonard Lyle, the College representative, supported by four members for Manchester Districts, briefed by the officials of the Manchester Royal Infirmary, for years a hotbed of autocratic reaction, so far as Nurses' Registration is concerned. To attempt to deny this policy is useless. It is in print, and can therefore be proved—the urgent whip to College members to earnestly beg Members of Parliament not to support the Central Committee's Bill, Circulars to Members of Parliament, the untrue Statement issued by Miss Ferrier, and all the Amendments in the Standing Committee and on the Orders of the Day in the House, have been carefully tabulated and filed in the State Registration Office for future historic accuracy. That the reason for the College's wrecking policy was, as Sir Arthur Stanley states, because recognition was not given to the lay Governing Bodies of the Training Schools,

is a fact. It has always been the policy of these employers to oppose legal status and a degree of self-government for trained nurses. They have pursued this autocratic and selfish policy for thirty years, and have done much to ruin the nursing schools in consequence.

Neither the Medical Schools nor the Midwifery Schools attached to hospitals are represented on the General Medical Council or on the Central Midwives Board, and these laymen have no real grievance in not dominating, as they wish to do, the General Nursing Council set up in the Central Committee's Bill. When a probationer and nurse has fulfilled her contract with a hospital its Committee has no right to control her life personally or professionally. It is a monstrous claim, to which no body of women workers should submit.

A WORD TO DR. FULTON.

We cannot believe Dr. Fulton, who supported Sir Arthur Stanley, realises the result of his hope that the nurses' organisations which have been working for professional reform years before the College Company was formed, should all be snuffed out! We would ask him, as a member of the British Medical Association, what would be his attitude if a company of laymen adopted the same policy toward his powerful Association? One of determined revolt, we make no doubt. Medical men have no right to unite with the laity to fetter the liberties of trained nurses, and to advocate for them a professional policy to which they would not submit themselves.

Has Dr. Fulton read the Constitution of the College of Nursing, Ltd.? If so, what does he think of the Clause nurse members are compelled to sign, agreeing to expulsion by the Council without right of appeal? Until that tyrannical clause is eliminated we can promise that what Dr. Fulton calls "rival organisations" (pioneer organisations would be more accurate) will continue very much alive.

It is the autocratic policy of the College, controlled as it is by an Executive of rich and powerful hospital governors and officials, which is driving the independent and self-supporting wing of the nursing profession to protect itself through a Trade Union.

COMING EVENTS.

October 30th.—Society for State Registration of Nurses. Meeting Executive Committee, 431, Oxford Street, London, W. 4 p.m.

October 31st.—Quarterly Meeting of the Matrons' Council. The President, Miss M. Heather-Bigg in the chair. 431, Oxford Street, London, W. 1. 3 p.m. Tea 5 p.m.

November 6th.—National Council of Trained Nurses' Annual Meeting, 431, Oxford Street, London, W. 4 p.m.

November 8th.—Trade Union for Trained Nurses. Mass Meeting, Mortimer Hall, Mortimer Street, Great Portland Street, London, W. 3 p.m. Nurses and friends cordially invited.

APPOINTMENTS.

MATRON.

Metropolitan Ear, Nose and Throat Hospital, Fitzroy Square, W.—Miss M. E. Palmer has been appointed Matron. She was trained at the General Hospital, Chelmsford, and has been Sister at the General Hospital, Watford, and Sister and Matron at the London Throat Hospital, Great Portland Street, W.

District Infirmary, Ashton-under-Lyne.—Miss Margaret Bridge has been appointed Matron. She was trained at the Royal Infirmary, Derby, and is at present Matron of the Royal Albert Hospital, Devonport.

Tamworth Hospital.—Miss Lillian Reed has been appointed Matron. She was trained at the Bradford Infirmary and has been Matron of the Eston Hospital, Yorkshire.

Greenock Child Welfare Hospital.—Miss Helen Brown has been appointed Matron. She was trained at the Sick Children's Hospital, Glasgow, and has been Senior Sister there.

ASSISTANT MATRON.

St. Mark's Hospital, City Road, E.C.—Miss A. R. Bunch has been appointed Assistant Matron. She was trained at the General Hospital, Burton-on-Trent, and has held the position of Staff Nurse at the Brompton Hospital for Consumption, and at the General Hospital, Birmingham. She also worked at the First Southern General Hospital, Birmingham, and was awarded the Royal Red Cross (Second Class) for her services in this connection. She has also held the positions of Housekeeping Sister and Home Sister at Charing Cross Hospital.

East Cliff House, Cliftonville, Margate.—Miss Elvina A. Leeds has been appointed Assistant Matron. She was trained at St. George's Infirmary, Fulham Road, and has held the positions of Charge Nurse, Night Superintendent, Home Sister, and Acting Assistant Matron at the Northern Hospital, Winchmore Hill.

SISTER-IN-CHARGE.

Cottage Hospital, Millford-on-Sea.—Miss H. E. Gobbett has been appointed Sister-in-Charge. She was trained at the Seamen's Hospital, Greenwich, and has worked at the Endsleigh Palace Hospital for Officers, and at the Hendon Cottage Hospital and has held the position of Sister-in-Charge at a war hospital in Queen's Gate.

SISTER.

Barnsley and Wakefield Joint Sanatorium, Mount Vernon, Barnsley.—Miss Agnes Kerr has been appointed Sister. She was trained at the Dumfries and Galloway Royal Infirmary. She has been Night Sister at Mount Vernon Hospital for Consumption, Hampstead, and Sister during the war in the T.F.N.S.

QUEEN, VICTORIA'S JUBILEE INSTITUTE FOR NURSES.**TRANSFERS AND APPOINTMENTS.**

Miss Lillian E. Neve is appointed to Derbyshire as County Superintendent; Miss Amelia Thompson to Bolton, as Superintendent; Miss Alice Walkling to Exeter, as Superintendent; Miss Alice M. A. Watson to Fulham, as Superintendent; Miss Charlotte M. Bottomley, to Rochdale, as Assistant Superintendent; Miss Jane Brazendale to Manchester (Salford), as Assistant Superintendent; Miss Florence Browning to Fulham, as Senior Nurse; Miss Amy Burkin to Torquay; Miss Hester Dickson to Cambs. and Isle of Ely C.N.A., as Health Visitor and School Nurse; Miss Lillias W. Noble to Castle and Sible Hedingham.

SOMETHING WORTH NOTING.

There are no greater enthusiasts than nurses concerning the value of hot-water bottles, and the india-rubber bottle is more desirable than any other. It has not only the softness of a pillow, but for the private nurse it has the advantage that it takes practically no room in her trunk or suit case. Why it is that nurses are particularly sensitive to cold has never, so far as we know, been scientifically proved, but the fact remains that a nurse usually needs an extra blanket, and a hot-water bottle almost invariably is included in her outfit. Maybe the amount of nervous energy she parts with during the day accounts for her chilliness at night.

Again, one of the first principles of the art of nursing is to make the patient comfortable and every nurse knows in how many ways a hot-water bottle assists her in attaining this end. But the quality of the rubber, and the construction of the bottle, are of the first importance, or the nurse may rely on a broken reed and the consequences to a patient of a leaking bottle may be serious. Messrs. J. Ingram, Ltd., of the London India-Rubber Works, Hackney Wick, London, E. 9, who have a reputation of seventy years behind them, have given special attention to both these points, and not only does the reliability of their rubber goods stand high, but, by an ingenious arrangement the possibility of leakage in their "Eclipse" hot-water bottles is practically an impossibility. In the patent constructed neck the brass socket is imbedded in rubber, so that what is so often a weak spot in rubber hot-water bottles, is, in the "Eclipse," a specially strong one.

Lastly, it is fitted with a patent rubber covered screw stopper, which effectually seals the bottle and obviates the necessity for a washer.

Note the name—INGRAM'S "ECLIPSE" HOT WATER BOTTLE—to be obtained of all chemists or hardware dealers.

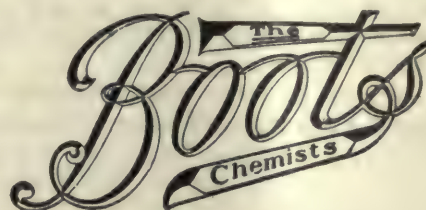
A COMPREHENSIVE EXHIBIT.

The exhibit of Burroughs, Wellcome & Co., at the recent Medical Exhibition at the Central Hall, Westminster, was very comprehensive and served admirably to indicate the vast range of this firm's activities. It was so arranged as to be extremely convenient to the busy medical visitor interested specially in certain phases of medicine.

Thus a special "Lubafax" exhibit demonstrated in a practical manner that this first-class surgical lubricant could be removed from instruments, catheters, &c., with a damp sponge, owing to its solubility in water and its non-greasy character.

An optical demonstration of the correct viscosity of liquid paraffin for use as an intestinal lubricant was made by means of "Paroleine" as compared with two other products, the viscosities of which were above and below the correct standard.

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used.

The keynote of this service is reliability.

First: The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

Second: The Dispensing Equipment at every branch is perfect — no makeshift apparatus or arrangements are permitted.

Third: All the Drugs and Pharmaceutical Products used are guaranteed. Our unique laboratory facilities at Headquarters enable us to maintain a very strict analytical control. Nothing is taken into stock unless it satisfies the most rigorous tests.

Fourth: The Drugs at every branch are always fresh. The extent of our business and our system of regular weekly supply ensures that nothing gets stale on our shelves. Medical men will recognise that the quality of freshness is secondary only to that of purity.

We have confidence in inviting you to send your Prescriptions to

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LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A GRAND BIT OF WAR WORK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you allow me through your columns to notify Matrons and Sisters of Convalescent Hospitals and Sanatoria where sick and wounded soldiers are being nursed that we have several hundred pairs of our soft warm slippers to distribute.

Since August 1914 we have made and sent out to Hospitals and Hospital ships over 41,000 pairs and we know that they have been greatly appreciated especially in cold weather.

* We are sure they would be invaluable now, particularly for those undergoing open-air treatment as they are so warm and comfortable to wear.

I can forward them either by rail or post, carriage paid from my address as below.

Yours faithfully,

ELEANOR PAINE.

"Wharfedale,"

48, Harpur Street,
Bedford.

TRAINED NURSES IN PUBLIC HEALTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I have always understood that the Queen's Jubilee Institute do advocate a minimum of three years' general training for district nursing. We advocate the same minimum for health visiting. The people a health visitor visits are the same as those whom a district nurse nurses.

There is nothing in the regulations to give one grounds for supposing that a girl of 20, who has had two years' training as a health visitor will take her general training. The regulations say it is not necessary, nor is it necessary for her to be trained as a midwife. She need not be anything except a girl from a secondary school.

I sent for a prospectus of the Battersea Polytechnic, and I was offered an interview with the Head. I heard a great deal about the Board of Education, and I ventured to ask how many students were in training. I was not told how many. I asked if many nurses were in training. I was jauntily answered, "Not many."

I asked what were the qualifications of the teachers at the Polytechnic. The astounding answer was that the head mistress could not understand why anyone should ask questions at all; if the qualifications of the teachers satisfied the Board surely that was enough.

I asked if the one year course included training for the C.M.B. It did not. I ventured to point out that all Universities published the qualifications of their teachers. I also pointed out that

as the one year course would cost about £160, people had the right to ask sensible questions.

I think that a university is not such a good preparation for a health visitor as a general hospital. I cannot see why any well educated, healthy young woman cannot take her general training and enter public health through that portal. A University degree was not designed for health work. Trained nurses in Public Health say:—lay down the three years' training as a minimum, and secure people with the best additional qualifications, such as administrative experience, children's experience, tuberculosis and fever nursing, &c. If any training is given let it be on public health lines, viz., two months in a school clinic, two months in a tuberculosis dispensary, two months in an infant welfare centre. A trained nurse, so qualified, could be sent anywhere and would know her duties instead of having to learn them. Such a course would be much better than a hotch-potch of girls and graduates who will have to be dragged through by trained nurses and for whom trained nurses will have to take the responsibility.

I remain, yours truly,

C. MARGARET ALDERMAN.

KERNELS FROM CORRESPONDENCE.

Queen's Nurse.—"I hope due notice will be given in the B.J.N. of the public meeting to consider a Trade Union for trained nurses. I should like to attend. If the movement is promoted by the Nurses themselves it should have a good chance of success." [See "Coming Events"—E.D.]

Staff Nurse.—"Everyone is against a Trade Union for Nurses in this Hospital—they would be!"

Nottingham Nurse.—"I went to hear Sir Arthur Stanley speak on Nation's Fund for Nurses at the Exchange Hall. I should like to have asked a few questions, but had not the courage. But I gathered it is more than even Mr. Jekyll and Mr. Hyde could accomplish to be the champion of trained nurses and V.A.D.s at the same time. The interests of the one are always being sacrificed to the other, and the V.A.D. comes out on top every time. It is surprising how gullible nurses are. I have no use for the College after the jealous wrecking of our Bill by its spokesmen in the House of Commons on June 27th. Nothing can wipe out *that crime*, and it is useless to deny it as the letter from the College Council telling us to get M.P.s to oppose the Bill is in my possession."

OUR PRIZE COMPETITION.

QUESTIONS.

November 1st.—To what uses can a nurse put hot-water bottles for the care and comfort of patients? What are the special points to be observed in their application?

November 8th.—What are the physical defects for which a nurse or midwife should look in washing a newly-born infant? From what do they arise, and what is her duty in regard to each?

The Midwife.

BOARD OF EDUCATION.

DRAFT REGULATIONS FOR THE TRAINING OF MIDWIVES.

PREFATORY MEMORANDUM.

The Board of Education in a White Paper (Cmd 353) containing Draft Regulations for the Training of Midwives, with a Prefatory Memorandum, presented to Parliament by command of His Majesty, state in part that (1) No scheme for promoting the health of the population is complete which fails to provide for the care of maternity. The Maternity and Child Welfare Act, 1918, conferred upon Local Authorities increased powers for the care of expectant and nursing mothers. The Local Government Board have provided substantial grants in aid of such services as the inspection of midwives, ante-natal care, and an adequate service of midwives, and the Ministry of Health are continuing those grants with the probability of some raising of the conditions as to the services to be provided. In all these schemes the midwife has a vital part to play. For success they are alike dependent upon the existence of a sufficient supply of midwives competent to undertake the responsible duties of their office. It has been estimated that perhaps three-quarters of the births in England and Wales are attended by midwives. The Board have accordingly decided, in consultation with the Ministry of Health, to give grants in aid of the training of midwives. The grants are intended partly, to extend the training of suitable women by facilitating the reduction of the fees charged to the students in training, and partly to improve the character of the training given. (2) The Board of Education points out that the supply of practising midwives is inadequate, at any rate in many rural districts; that the life, though an honourable one, is arduous, and the earning small and precarious. If an efficient midwifery service is to be secured, it is essential that the status of the midwife should be raised and that competent women, who devote themselves to this service should be adequately remunerated and enabled to secure satisfactory conditions of service in other respects also. But, whatever may be accomplished in this direction, the cost of training may still present a serious difficulty. This difficulty has been accentuated by the necessary action of the Central Midwives Board in raising the minimum period of training from three to six months, and also by the increased cost of living.

(3) Under modern conditions a midwife should be competent not only to attend confinements but to advise her clients in regard to ante-natal conditions (other than those requiring medical attention) and the care of the newly-born child.

It follows that in accordance with the requirements of the Central Midwives Board the curriculum should provide not only for the training of the student to follow the profession of the midwife in its narrow interpretation, but also for giving her a satisfactory knowledge of such subjects as the hygiene of pregnancy, the care and management of the infant, the best methods of encouraging breast feeding, hand feeding of infants, and some practical acquaintance with elementary hygiene, personal, domestic and general. The student should also be made familiar with the work of Maternity Centres, Infant Welfare Centres, and other similar institutions.

The Board appreciate the value of the practice commonly adopted of providing facilities also for training in district nursing, though they cannot recognise such training for the purposes of the present grants.

(4) Though the holding of any sort of entrance examination may not be practicable, steps should be taken to secure that the students admitted are likely, from their character and previous education, to profit by the training and instruction given.

The Board point out that even the lengthened course of training now required under the Regulations of the Central Midwives Board affords all too brief a period in which to gain under supervision the requisite practical skill and experience. The Regulations accordingly provide for special grants in aid of approved arrangements for extending the normal course by not less than a month in order to enable the midwife to gain extended practical experience, and to develop her judgment and sense of responsibility.

(6) The grants in aid of these courses are intended to be primarily for the benefit of students who desire to practise as midwives. Subject to two exceptions no student will be taken into account for grant unless she has signed an agreement or declaration of *bona fide* intention to practise as a midwife. It is not necessary that she should devote her whole time midwifery. If she is practising in a rural area it may be impossible for her to do so, but though she may undertake district nursing or similar work in addition to midwifery, she will be expected to continue in the actual practice of midwifery. Where a student is in receipt of a scholarship from a Local Authority or from a Voluntary Association, she generally signs an agreement as to future service in a particular area, and this agreement should normally satisfy the requirements of the Regulations. The agreement signed by a Queen's Nurse will be accepted for this purpose even though it only requires the practice of midwifery for one year.

(8) If existing midwives are to be equal to the increasing duties and higher standards of work which are now being expected of them, it is very

necessary that increased facilities should be provided for practising midwives to attend short courses designed to afford them an opportunity of gaining an improved knowledge of the theory and practice of modern midwifery. The regulations accordingly provide for grants in aid of approved courses at recognised residential Institutions which will provide opportunities for further instruction in such matters as ante-natal care, the management of difficult cases and the care of newly born infants (including the care of ophthalmia neonatorum).

(9) No Institution will be recognised under the Regulations unless it is also recognised under the Regulations of the Central Midwives Board.

Further clauses deal with the question of fees.

DRAFT STATUTORY RULES AND ORDERS.

EDUCATION, ENGLAND AND WALES.

The Board of Education (Midwives' Training) Regulations, 1919.

DRAFT dated September 19th, 1919, of the Board of Education (Midwives' Training) Regulations, 1919, proposed to be made by the Board of Education under Section 44 of the Education Act, 1918 (8 & 9 Geo. 5, c. 39) for the Training of Midwives (including Regulations for Payment of Grant in respect of such training).

1. The Board of Education are prepared, subject to the conditions of these regulations, to give grants in aid of the training of intending and practising midwives at recognised residential institutions.

2. (a) Before recognising an Institution for the training of midwives, the Board will, amongst other things, require to be satisfied that the premises, equipment, and staff are adequate and suitable for the purpose.

(b) Recognition will not be given or continued unless the Institution is recognised for the purposes of the Regulations of the Central Midwives Board.

(c) The Institution must be conducted by a responsible Body of Managers, and a person must be appointed to act as Correspondent on behalf of the Managers.

(d) The Institution must not be conducted for private profit, or farmed out to any member or members of the staff, and must be eligible from its character and financial position to receive aid from public funds.

(e) Recognition when given will ordinarily be continued from year to year without further application but may be withdrawn at any time by the Board.

3. No student may be refused admission upon other than reasonable grounds.

4. Institutions must keep such records and furnish such returns as may from time to time be required by the Board.

5. The scale of fees must be approved by the Board.

Courses for Intending Midwives.

6. (a) The Board will recognise under the Regulations courses designed to meet the needs of intending midwives. The courses must be of such duration and must provide for such instruction and training as may from time to time be prescribed by the Central Midwives Board for the award of a Midwife's Certificate.

(b) District Nursing and other subjects may be included in the curriculum with the approval of the

Board, but such subjects will not be recognised for the purposes of these Regulations.

7. The Board will recognise under the Regulations courses of not less than one month at recognised residential institutions designed to enable student midwives, who have completed the normal course, to obtain additional practical experience and training under supervision.

Courses for Practising Midwives.

8. (a) The Board will recognise under the Regulations courses designed to promote an improved knowledge of the theory and practice of modern Midwifery among practising midwives.

(b) The courses must be held at recognised residential institutions.

(c) The courses should, where practicable, be of at least one month's duration. No course will be recognised unless it is of at least fourteen days' duration.

Grants.

9. Grant will be payable to a recognised institution, for a financial year, on the basis of the number of students who complete an approved course in that year. The grant for that year will be payable after the end of the year.

10. Grant will be payable at a rate not exceeding—
(a) £20 for each student who completes a course approved under Article 6.

(b) £6 for each student who completes a course approved under Articles 7 or 8. This grant will not in any case be paid at a rate exceeding £1 for each complete week of the course.

11. (a) No student will be taken into account for grant under Article 10 (a) unless either

(i) she has signed an agreement or declaration of *bona fide* intention to practise as a midwife, provided that a student who has commenced her training before October 1, 1919, may be taken into account for grant if she began to practise as a midwife within three months of the end of her course, even though she had not signed an agreement or undertaking; or

(ii) she has been for not less than three years in full-time employment as a Health Visitor or has completed successfully a course of training approved under the Regulations for the Training of Health Visitors.

(b) Where a student, owing to illness or other unavoidable cause, is prevented from completing a course of training approved under Article 6 the Board may, if they think fit, pay a proportionate grant under Article 10 (a).

12. The grants payable under these Regulations may be reduced or altogether withheld if the Board are not satisfied as to the suitability of the provision made, or as to the proportion of students who subsequently fulfil the terms of their agreement or declaration.

13. If any question arises as to the interpretation of these Regulations, the decision of the Board shall be final.

14. These Regulations come into force as from April 1st, 1918, and may be cited as "The Board of Education (Midwives' Training) Regulations, 1919."

L. A. SELBY-BIGGE.

Secretary to the Board of Education.

N.B.—The Paper (Board of Education, Draft Regulations for the Training of Midwives, Prefatory Memorandum) can be obtained from H.M. Stationery Office, Imperial House, Kingsway, or through any bookseller. Price 1d.

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EDITORIAL.

THE EMPIRE'S MOTHER HOSPITAL.

The first essential in the promotion of a successful appeal is a good cause, and the second an influential backing. On both these counts the appeal now being made for public support for St. Bartholomew's Hospital should be pre-eminently successful.

Ever since the hospital was founded in 1123, by Rahere—first the King's Jester, and afterwards the pious monk to whom we owe not only the hospital, but the beautiful Priory Church of St. Bartholomew-the Great in Smithfield, where he is buried—the gates of St. Bartholomew's Hospital have been opened in response to the call of the sick and suffering from all parts of the world. Throughout the eight centuries of its activities the spirit of Rahere has brooded over it, and the doctors and nurses of to-day know well that their inspiration to high endeavour, to devotion to the sick and to scientific progress are a direct heritage from their founder, and from all the devoted men and women who have gone before them, and whose atmosphere still pervades the grand old building in which their lives were spent, and which they served so well.

The hospital also owes to bygone benefactors many years of independence of public aid, but, during the last five years, not only has its income decreased, but its expenses have increased by some £30,000 a year; so that, unless substantial help is forthcoming, the hospital will have to reduce its invaluable service to the community—a possibility which is unthinkable in connection with this great City charity. For the first time, therefore, for 150 years, it has been decided to issue a public appeal.

And that appeal has, certainly, the second essential of success. Inaugurated at a luncheon given by the Lord Mayor at the Mansion House, messages wishing it success were read from His Majesty the King and from its new President, the Prince of Wales, and the "People's Peace Year Commemoration Fund" in aid of the hospital was formally established.

A strong plea on its behalf was made on the occasion referred to by the Minister of Health, who received his own medical education at the hospital, and who spoke, from personal knowledge, of the singularly high standard of exactness and duty in its services for many generations, and of the courtesy and consideration shown to the poorest patient. He also said that the Government welcomed the decision of the authorities to provide better accommodation for the nurses.

That accommodation is, indeed, long overdue, both for the safety, as well as the seemly housing, of the nursing staff, and none will welcome this decision more than those past pupils of the nursing school, who have themselves raised £2,700 for this purpose.

We wish all success to the Press appeal now inaugurated, and especially commend to notice the *Illustrated Bart's Chronicle*, the first number of which was issued by the hospital on Saturday last, and the appeal in *Punch* on October 22nd, in which, in a full-page cartoon, Mr. Punch is represented as saying to a charming nurse in charge of a collecting box: "You're not used to begging, my dear, and I am. May I have a box like that, and help?"

We feel sure that the support of so genial a person as Mr. Punch will be warmly welcomed, and that he will use his expert experience as a beggar to good purpose.

OUR PRIZE COMPETITION.

IN WHAT WAYS MAY A PATIENT'S BREATHING BE AFFECTED, AND WHAT IS THEIR SIGNIFICANCE?

We have pleasure in awarding the prize this week to Miss Winifred M. Appleton, University College Hospital, Gower Street, W.C.1.

PRIZE PAPER.

The derivation of respiration comes from Latin, meaning—*re*, again, and *spiro*, I breathe. The movement results by alternate expansion and contraction of the chest walls by the acts of inspiration and expiration. Contraction of the diaphragm causes inspiration, and elastic contraction of the lungs causes expiration.

In dealing with illness it is essential to have a comprehensive observation of respiration, based upon medical and nursing knowledge; its object is to bring the oxygen of the air into contact with the blood, thus anatomically the lungs and heart are so closely placed and intimately associated in the work of blood circulation that when one becomes weakened and diseased the other is almost always affected.

Three main types of breathing are:—Infantile, mostly by diaphragm; adult male, which works in addition the lower costal muscles (abdominal); and adult female, in which upper part of chest moves more than lower (thoracic).

Inspection of the chest shows alteration in shape and movement; whether one side is larger or more contracted than the other, or has a deficient movement; also if the intercostal spaces are unduly sucked in.

Disproportionate use of one side of chest suggests disease in another; deformities or diseases, as rickets and curvature, are apt to impair the action of respiratory organs; the pectoral and abdominal muscles may be induced to assist in raising ribs and in act of expiration.

Examination by stethoscope reveals moist and dry crackling sounds, known as rhonchi and râles, which may be due to obstruction of bronchial tubes by accumulation of mucus, or a thickening of mucous membranes; and spasmotic contraction of their muscle fibres causes wheezing.

Interrupted or cog-wheel breathing may be due to obstruction to entry of air, nervousness, irregular muscular action, or cardiac affections.

Dyspnoea is difficult or bad breathing, when respiration is unduly rapid; shortness of breath, and it is performed with effort.

If the patient is obliged to sit up in order to breathe, as in cardiac and pulmonary disease, the condition is termed *Orthopnoea*.

Asphyxia, caused by obstruction of air passage, first resembles dyspnoea, later convulsive expiratory movements occur, colour livid, with veins of neck swollen, finally pupils are widely dilated, and, slowly gasping, patient dies.

Snoring may be caused by adenoids in pharynx. Croup, asthma, and diphtheria often cause alarming attacks of dyspnoea by narrowing of air passages, which may have to be relieved by urgent tracheotomy.

Breathlessness may be due to any condition which renders blood impure and deficient in oxygen, such as pneumonia, phthisis, emphysema, bronchitis, fluid in pleural or pericardial cavities, enlarged tonsils and adenoids, or by growths diminishing the breathing space. The complications of bronchitis and dropsy frequently disturb the respiration in heart disease.

In cases of shock, respiration is often irregular and slow.

In peritonitis, is thoracic, rapid and shallow.

In pleurisy breathing is short and rapid, to avoid pain of deep respiration.

Aneurisms or tumours cause breathlessness by pressure on bronchial tubes and vessels.

Disease of mitral valves causes congestion of lungs and disturbed respiration.

Snuffling is due to nasal obstruction, either mucous or by polypus.

Cheyne-Stokes respiration, a serious form of breathing, often a sign of approaching death, is met with in diseases of brain and membranes, of heart and blood-vessels, lungs, kidneys; also in acute fevers, sunstroke, morphine poisoning and senile decay. It is characterised by alternating periods of very rapid and slow movements, followed by a complete pause.

Asthma means severe paroxysms of difficult breathing.

Many general diseases interfere either directly or indirectly with respiration, particularly Bright's disease, and the coma at the end of diabetes.

Stertorous breathing (loud snoring noise) occurs in cases of brain disease.

Bad breath, offensive in odour, may be caused by bad teeth, constipation, tonsillitis, indigestion, the fetid condition of bronchiectasis, by ulceration of nasal bones, and gangrene of the lungs.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs Farthing, Miss Catherine Wright, Miss P. Thomson, Miss M. Wright.

Miss Adeline Douglas, who sent a good paper, was unfortunately disqualified for the competition because it was incomplete.

QUESTION FOR NEXT WEEK.

To what uses can a nurse put hot water bottles for the care and comfort of patients? What are the special points to be observed in their application?

THE INTERNATIONAL OUTLOOK.

The American Nurses' Association has, through Miss L. L. Dock, sent out official invitations to the members of the Executive Committee of the International Council of Nurses to meet at the Biennial Convention of the A.N.A., April 5th to 10th, 1920, at Atlanta, Georgia, U.S.A., to confer upon the International Outlook.

This will be the first meeting of the International Executive since 1912, held in Cologne, and will be a meeting of very far-reaching influence, and it is to be hoped that our National Council will be represented by Miss M. Breay, the Hon. Treasurer of the International Council, who has received many cordial invitations from her admiring American colleagues to visit the States, and who will, we make no doubt, be offered a hearty welcome when she crosses the Atlantic.

Atlanta is a lovely city in spring.

NATIONAL COUNCIL OF TRAINED NURSES.

We are asked to remind the delegates of the affiliated societies forming the National Council of Trained Nurses, to make every effort to be present at the Council Meeting to be held in London, at 431, Oxford Street, W., on November 6th, at 4 p.m.

EDITH CAVELL HOMES.

The widespread support given to the Edith Cavell Homes is evidenced by the fact that the Committee have received £500 from the Hong Kong War Charities Committee.

The long and devoted service of British nurses to one institution is often a matter of comment and admiration by our American cousins. The record of three members of the nursing staff of the Royal Hospital and Home for Incurables at Putney, who have retired with a combined service amounting to 84 years, has rarely been exceeded, though the London Homœopathic Hospital, in the days of Miss Brew, certainly equalled it.

NURSING ECHOES.

The *Royal British Nurses' Association Supplement* has, by consent, been omitted in this week's issue, and will be inserted next week.

The following very interesting cases of "carrying" were recently reported to the Tolworth Hospital Board by Dr. Cooper, the Medical Officer. He stated that in the scarlet fever ward they had a child who was about to be discharged after being nine weeks in the hospital, but on the eve of his discharge he developed sore throat, which on investigation proved to be diphtheria. Of course, it was a source of great anxiety to the staff to know how that child, isolated in the scarlet fever pavilion, could have got diphtheria, but eventually they connected it with one of the probationer nurses who, owing to the shortage of the nursing staff, had been transferred from the diphtheria to the scarlet fever pavilion three weeks previously. To all appearances that nurse was perfectly well, but they took a swab of her throat and made a culture, and on examining it under the microscope, found the diphtheria organism present; so that presumably she acted as a "carrier," and whilst on duty in the scarlet fever ward had infected the child. They transferred the nurse back to the diphtheria ward three weeks ago, when apparently she was perfectly well; but a few days ago she developed clinical diphtheria, and was one of two nurses ill. They then examined microscopically the cultures of every child who had been under that nurse, and discovered two others who had the organisms in their throat, and had to isolate them, although they appeared to be perfectly well. It was only microscopically that one found that they had got the disease, and the discovery was important in a way, because a child was discharged from the hospital a few days before they discovered this incident, who had been in contact with the nurse, and ten days after he got home his sister developed diphtheria. Dr. Senior, of Thames Ditton, went into the case and took a culture of the child they had discharged from the hospital, and found that he was a "carrier," and had the germs in his throat though he had not been ill with it, so that presumably he infected his little sister, who came to the hospital and died there.

It was arranged that if in the future there was any need to transfer a nurse from the diphtheria to the scarlet fever pavilion, they would take a culture of her throat, which was the only

possible way to be certain she was free from infection. Why not also examine the throats of every patient admitted to the hospital, before discharging them as cured?

We are entirely in sympathy with Dr. Thompson and the Committee of the Tyrone County Infirmary, who recently passed a resolution that regulations re the training of nurses passed by the Local Government Board are too drastic. It seems that the Irish Local Government Board have instituted a regulation that a trained nurse must have been trained in a hospital of 140 beds, and having a resident qualified surgeon and a visiting staff of four surgeon physicians. Tyrone County Hospital contains 76 beds, and the nurses receive excellent experience, as there are no medical students, who in hospitals with medical schools attached, do much of the dressing and theatre work done by nurses at Tyrone.

The resolution adopted strongly urged the Local Government Board to reconsider their rules, which militate against the interests of the institution, and other institutions of a similar kind.

If the theoretical teaching is up to date, a nurse can be well trained in a general hospital of 76 beds.

Miss Emily O'Neill, Vice-President of the Irish Nurses' Union, writes to the Press to complain that the Executive Committee of the "Nurses' Tribute Fund" for Ireland have decided that midwives are not eligible to benefit from the funds. Miss O'Neill writes:—

"Speaking as a 'general trained' and midwifery nurse, I certainly think that the midwifery nurse who sticks consistently to her work is far more likely to break down and need help than her 'general trained' sister. It is only in very exceptional cases that a 'general trained' nurse is asked to do more than a twelve-hour day, but in accordance with an old time-honoured custom, the twenty-four hour day is still the midwife's lot, and it is well known that many nurses who practise midwifery only, work month after month without a single night's unbroken rest. Well—in future, if any of these nurses break down from overstrain, they must not expect help from the largest benevolent fund for nurses in Ireland. They have been out-ruled by the committee."

But the whole point in our opinion is that midwives are not necessarily nurses, and that the Fund was raised to help certificated trained nurses. Thus, should a trained nurse hold a midwifery qualification, she is eligible for help. Would that both trained nurses and midwives were paid sufficient salaries for their valuable

and arduous work. They would then be free from carking anxiety, and able to provide for sickness and old age. This is surely one of the objects of the Irish Nurses' Trade Union.

Nurses helping to stamp out venereal disease will be glad to know of the *Social Hygiene Bulletin*, the organ of the American Social Hygiene Association. It is full of most useful information gathered from around the globe. We all agree with the following expression of editorial opinion: "In justice to the thousands of blind babies, whose condition is due to gonorrheal infections of their parents, in fairness to the many persons who are innocently and accidentally infected, in consideration of the multitude of congenital syphilitic cases, these diseases, syphilis and gonorrhea, should be thought of, spoken of, and written of, as other diseases are. They should not be placed in a separate class, and thus unduly penalise innocent victims."

The Parliament of the Union of South Africa has adopted a comprehensive Bill known as the Public Health Act, 1919. Compulsory treatment of all cases of venereal disease is provided, and any person who infects another knowingly is declared guilty of an offence.

Canada has constituted the Canadian National Council for Combating Venereal Disease.

The new Senate Bill, U.S.A., creating a national department of Public Health, provides for such a department under direction of a secretary, who shall be a member of the cabinet, and for three assistant secretaries, the first to be a man trained in medical science, public health and sanitation; the second to be an expert in vital statistics; and the third to be a woman trained in medicine or nursing and public health.

The Social Hygiene Bulletin, published monthly, price 50 cents annually, can be obtained from 105, West 40th Street, New York City, U.S.A.

TRUE TALES WITH A MORAL.

Lady (distributing handbills on Nurses' Trade Union Meeting to Sister coming out of hospital) "Do take this and come to the meeting."

Sister (reading top line) "Wake up Nurses: Wake up, indeed; why we've hardly time to go to sleep!"

Nurse (taking bill): "What are you going to get for us—shorter hours and higher pay?"

Lady: "Come to the meeting and help to get reforms for yourself."

A NURSES' TRADE UNION.

MEETING AN IMMENSE SUCCESS.

"An immense success" is the verdict on the meeting held in the Mortimer Hall, 93, Mortimer Street, Great Portland Street, W., on Saturday, October 25th. Those nurses were well advised who were early in the Hall, for it was crowded to overflowing, and a number of those present had to stand throughout the meeting.

The spirit of enthusiasm and determination which pervaded the audience was admirable, and augured well for the success of the new venture, as did also the fact that the proposal to form a trade union has come from the rank and file of the nurses themselves.

The chair was taken by Miss MacCallum, a private nurse and a member of the Nurses' Co-operation, 22, Langham Street, W., who, in opening the meeting, said: "Fellow Nurses, this meeting has been convened to consider the proposal to form a professional union of trained nurses on trade union lines." She then called on Mr. Theodore Goddard to explain the proposals to the meeting.

THE PROPOSALS.

Mr. THEODORE GODDARD said, your Chairman has asked me to explain to you the scheme for the formation of a professional union of nurses on Trade Union lines, because I have been associated with those nurses who have been interested in the proposition for the last few weeks. The merit of the proposals to be put before you is entirely a matter for you.

Every Trade Union has certain defined objects, and I will read to you the Objects, Regulations and Rules which it is proposed shall be those of this professional union of Trained Nurses—in all some nineteen Articles:—

OBJECTS FOR WHICH THE ASSOCIATION IS ESTABLISHED.

1. To promote and protect the profession of Trained Nurses.
2. To promote State Registration of all Trained Nurses.
3. To establish an Employment Agency and act as Agent for members.
4. To secure a minimum rate of remuneration and maximum working hours.
5. To provide benefits for members when totally incapacitated.
6. To regulate the relationships between Trained Nurses and Employers.
7. To secure unity of action by organisation or otherwise, in order to maintain the position and status of Trained Nurses.
8. To abolish all abuses detrimental to their welfare and economic independence.
9. To promote industrial peace and progress by amicable means, but when difficulties arise to obtain an equitable settlement.
10. To accumulate from the contributions of the members funds adequate for the protection

of their professional interests and provision of the benefits specified.

11. To provide legal assistance to members so far as the law allows.

12. To secure, or assist in securing, legislation for the protection of the Association's interests.

13. To provide fire and other insurances and to make small loans to members for special training, as provided by the rules.

14. To provide clubs, hotels and residential flats for members at special rates.

15. To provide beds in hospitals, nursing homes and sanatoria for nurses.

16. To arrange for medical and dental advice.

17. To provide a sick and accident fund.

18. To provide (when the funds of the Association permit) a scheme for the establishment of annuities.

19. To take any lawful action the Council (as the Governing Body) may deem advisable to protect and advance the interests of the members of the Association.

Rome was not built in a day, said Mr. Goddard, and all these objects are not going to come into action at once, but there is no reason why they should not all be achieved. What is wanted is a large membership and thoroughly well organised arrangements.

The first Council will be arranged by delegates from various institutions, after which each year there will be an election by ballot.

THE ADDRESS OF THE CHAIRMAN.

The Chairman then said:—

LADIES AND GENTLEMEN,—

Within the last five years, a tidal wave has inundated the civilised world, now that it is beginning to recede, we who survive look round upon changed and ever-changing conditions. Old landmarks are gone, new ones are quickly taking their place, nothing remains the same.

In 1914 we were earning a living—bread and butter and occasionally a little jam, not at any time spread too thickly, however. In 1919 not even the world-renowned plum and apple remains to us, we are scarcely earning our bread and margarine. I thought I would point this out to you in case you had not noticed it.

Now, this may be due to two factors: In the first place, many hospitals are increasing their private staffs; some, it is even said, are turning them into co-operations. Owing to the fact that hospitals have at their disposal buildings erected by public or private subscriptions, they will be able to house their staffs at very little expense, and will thus be in a position to undersell us in the labour market. One large hospital is already sending out nurses at two-and-a-half guineas per week, while we, who belong to private associations, having to house ourselves, cannot do the work under three guineas per week.

Also it will be possible for hospitals to circularise their post-graduate men asking them to send to the hospitals for their nurses; thus A hospital

writes to A men asking them to employ only A nurses. In the same way, B hospital circularises B men, asking them only to employ B nurses, and so on through the alphabet. This is the first factor I spoke of.

Then there is the question of partially trained labour. We have to fear that the market may be flooded with what is commonly known as the V.A.D. I became a member of the College of Nursing some years ago after reading a circular they sent out, in which they pointed out this particular danger. They stated that unless the nursing profession organised themselves they might find that after the war this partially trained labour would be doing their work, and taking their fees. But what do we find now? The chairman of the College of Nursing, is also chairman of the British Red Cross Society; thus the affairs of the trained and untrained woman are impartially decided by the same man.

No man can serve two masters—either he will cling to the one and despise the other, or, what is not at all unlikely, he will cling to neither and despise both. In support of what I say, may I read to you a cutting from the *Evening Standard*, of Thursday, the 23rd inst.?

Miss MacCallum then read a paragraph relating to a meeting held, by permission of the King, at St. James's Palace on October 22nd, at which Sir Arthur Stanley presided, and said that "during the war the V.A.D. worked under the War Office but now that its work in that connection came to an end, the Ministries of Health and Pensions had sprung into existence, and he felt that there was a great field of work for voluntary aid in connection with these new departments in peace time."

Dr. Addison said "the Ministry of Health welcomed the assistance of the V.A.D.; the Ministry would be glad to confer with the organization and to ask its assistance from time to time in promoting the health of the people."

A proposal to submit a scheme of V.A.D. re-organization to the Army Council and the subject of the activities of the Red Cross and Order of St. John in peace-time together with other items on the agenda, were discussed privately.

I think, said Miss MacCallum, there is no doubt as to which side our impartial chairman clings to for the moment.

What, asked the chairman, did they mean exactly by voluntary aid by the V.A.D. or, as some called them, the P.A.D.

(Miss Ferrier, College of Nursing, Ltd., here interposed that the V.A.D. differentiated between the trained and untrained. They were paid in order to get a hold over them.)

I commend this, said the chairman, to ladies working in Public Health. The Ministry of Health is pleased to confer with the V.A.D.s on public health matters because they have an organization at their back. (Cries of "Shame," "Disgraceful.")

Under these circumstances we look round to see what others have done in the same case, and we find that as soon as they have banded them-

selves together and formed a union, their troubles begin to decrease. I have tried to put before you therefore the need for united action on the part of the nurses.

I am afraid the word "union" is synonymous in many of our minds with the word "strike" and perhaps some of you will be afraid that upon the payment of the first sixpence a strike will immediately be called. But in the first place, just think how many years must elapse before we could be in a pecuniary position to strike; for it requires a large balance at the bank. Secondly, consider who is it in a strike, as in a war, suffers first, last, and always—the women and children. Therefore, I say, women will not think once, but a hundred times before they sanction a general strike. Of course anybody can call a partial strike, as did the doctors at Dundalk some little while ago, and as some Infirmary nurses have done. But a general strike is a different matter.

All the same, the mere fact of having the power to strike will be a wonderful weapon in our hands.

If, like the wise virgins, we fill our vessels with oil, it does not necessarily follow that we must use that oil. If we do, however, there are two ways of making it effective; in the first place you pour oil on a fire and see the flames mount up, in the second you pour oil on the troubled waters and see the waves calm down. I cannot but think, that if we nurses had had a union, and been able to speak to the men who brought about the last strike, we might have been instrumental in bringing about a reconciliation before so much valuable time and money had been lost. There must have been many men in these unions who would have been personally known to us, and some of them at least will not forget the Sisters who tried to help them when they needed help. So you see, instead of fomenting strikes, we may be in a position to prevent them.

When one comes to think of it, the ideals of these unions are very fine; I believe they are the foundation on which the Universal Brotherhood of Man will be built. Take a group of individuals like ourselves.

We band together and form a union, the strong to protect the weak; many of us through force of character, or force of circumstances, are economically independent. It is our place to join up in order to stand by those who have never had the chance to stand up for themselves. How many nurses, owing to the fact that they have had to help some relation or, being widows, to educate their children, have just had to take what work they could get, at whatever rate of remuneration offered. In a union like ours we would say, "if you hurt one you hurt all, if you sweat one you sweat all, it must not be done."

Having formed our union, as a group of individuals, we automatically become a link in a vast chain of other unions. These unions say, in their turn, "This last-formed union may be weak, but it is a link in our chain; if you hurt it you have us all to deal with." Surely, there-

fore, when the last link has been forged in that chain of unions, the perfect circle of Unity will have been described, and peace and universal brotherhood will at last have come to stay on earth. There is nothing more certain than that I as well as you "must strive for universal good, for thus and only thus shall good come unto me," and you.

Before I move the Resolution, I should like to make it clear that this special scheme for forming a professional union, originated in the ranks of working nurses, and no existing society is responsible for it.

RESOLUTION.

I will now read the Resolution.

This meeting resolves :—

"That immediate steps be taken to form a Professional Union (registered under the Trades Union Act) for the mutual help and protection of trained women nurses."

Association of Nurses, and Hon. Secretary of the oldest Benevolent Fund for Nurses, I, perhaps, see more than any one else of the consequences of past and present dangers to the nurses. As to the question of whether a Trade Union should or should not be formed, that was settled in March, 1916, for when the employers in any body of workers wish to form a Trade Union they form a Limited Liability Company. Such a company was formed in the profession, and the natural sequence to it, sooner or later, is a Trade Union in the rank and file. The one is called forth by the other.

At the same time, six months ago I was opposed to a Trade Union, but the events of the 27th June last,* and more especially the methods resorted to, to bring those events about, *drove* me to the conclusion that if the nurses decided to forge now in their own ranks the weapon analogous to that which their employers had created and used



Mr. Theodore Goddard.

Miss MacCallum
(Chairman).

Mr. Alfred Lugg.

I have much pleasure in moving this Resolution and I call upon Miss Macdonald to support the Resolution by putting before the meeting the special dangers to the nursing profession. (Loud applause.)

THE DANGERS WHICH THREATEN THE NURSES.

Miss Isabel Macdonald prefaced her speech by saying that she was not on the platform as representing the views of the Association to which she belonged. I speak, she said, simply as an independent nurse, and because I will lose no opportunity that ever offers of making known the wrongs of the nurses. I accepted the invitation to speak on the subject of the dangers which threaten the nurses because I believe that, owing to the fact that I am Secretary of the oldest

to the nurses' hurt, they (the nurses) were justified, and more than justified.

DANGER NO. I.

Of all the dangers which threaten the nurses I think the greatest is the nurses themselves. They move about in a walking sleep, tacitly accepting the fact that things are not as they would like them to be, but without the courage or mental alertness to find out what is wrong, and to put it right. One would think that what one sees in the nursing world to-day might serve to arouse them to get better conditions for themselves. Every day into my office there drift

* The wrecking of the Central Committee's Nurses' Registration Bill in the House of Commons by the representatives of the College of Nursing, Ltd.

nurses of fifty, or more, from I do not know where, who are little more than walking corpses; they have lost the alertness and all the interest in the world in general that other women have, and yet they possess the capacity for pain and worry and despair. Nobody wants them, and they do not understand that their very lifelessness precludes them from finding work at the present time. These are they who refused to listen to the voices in the wilderness thirty years ago, and it is they whom you have to thank that *you* are met with the greatest crisis that has ever arisen for you. See to it that you do not adopt a similar responsibility to the future.

Referring to the argument that nurses are too weary with long hours to take an interest in their own affairs, Miss Macdonald agreed, and said:—In this connection I am going to make a statement as regards which I fear you will not agree with me. I wish that the word "trained" could be deleted from the nurses' vocabulary. It is a word which is taken far too literally and therefore, there arise many abuses. Training is supposed to comprise education, but it only does so in so far as it may chance, in each individual case, to suit the convenience of the hospitals, and, for the rest, the word "training" simply means moulding the nurse's mind, habits and character to the form likely to prove useful to the hospital—(cheers and hisses)—to make her part of what is really hospital machinery, nothing more or less. Loyalty to your profession is construed to mean "Dae what you're bidden." (Pardon my using the Scotch vernacular, it is more expressive of what I mean.) Vocation means serfdom, and the qualification most likely to bring promotion to the nurse is the ability to understand the mind of the woman above her, and to pander to it. (Loud applause.)

Further, I would remind you of a well-known psychological fact—no person with any real mentality, with any originality or real intellect, can continue long hours of routine work. It is this system of long hours of routine—hours that no labouring man would face—that has been responsible for driving out the mentality, the power of judgment, the power of independent thought and self-determination in the nurses.

DANGER No. 2.

Another grave danger to the nurses is the Chairman of the V.A.D.s. He is also Chairman of the College of Nursing, Ltd., and I do contend that experience has taught us, what many of us—myself included—might have been astute enough to perceive from the beginning, that he, no more than any other, can serve two masters. He is getting the nurses safely herded into his employers' combine, and, while he is supplying them with all sorts of soporifics, principally promises and fine words about Sister Tutors, that bring *you* nothing at all, he is now, as you can see from the newspapers week after week, organising his V.A.D.s (you nurses are only his step-children) into the tuberculosis work,

the work of combating venereal disease, and into every branch of the wide field of health work. How the Matrons can sit benignly smiling upon him while he sells the nurses' birthright I cannot understand. I think my colleague will deal with this matter from its economic aspect, but there is another point of view which is not less important. There are very few women who can go on nursing all their lives or, at least, not at the present working hours. Any one who has used her observation at all knows that the patients draw their vitality from the nurses. It is not merely the tangible means of sustaining life that they supply, but they suck all that higher, finer vitality of their nature. Even a worried, anxious person always with you does the same. No one would quarrel with this within limits. Not if you had, as you should have, holidays equal, at least, in length and frequency to those of the teaching profession. But, as things are at present, one of two things is bound to happen: (1) The nurse obsessed with the spirit of sacrifice or, perhaps, some less worthy but probably equally urgent motive, puts no limit to the work and strain which she is prepared to endure, and her health fails; or (2) she subconsciously rears up her own defences, becomes less frankly self-sacrificing, less sympathetic, and sometimes, indeed, irritable, so that her character fails as a nurse, yet it is only the reaction of overstrain.

Now I come to my point. If you are going to give the finest branch of nursing—preventive nursing—very largely to the half nurses, you chain the nurses, for life, into crowded and confined spheres, where the very nature of the work ensures to the majority premature disability and dependence.

DANGER No. 3.

A third danger is that nearly every large hospital has its private staff. The hospitals are simply training the nurses, and grasping, as far as they dare, the income arising from their labours. They are taking advantage of their position as the Alma Mater of the medical man, and of certain facilities which they possess, to spread out their tentacles and absorb the private nursing for themselves—to absorb the independence of a great body of workers. Shakespeare says, in effect, "My labour is my life, therefore, who takes my labour takes my life." The hospitals are taking far more than their legitimate share of the nurses' lives.

DANGER No. 4.

Another very grave danger to the nurses is the Nation's Fund for Nurses, to collect which the indigent nurse has been used as the bait. Large sums of money at the disposal of one company may be a great power for good or evil, and long ago I said that it would be a very grim irony, if the nation's debt of gratitude to the nurses were used to forge their fetters. I leave you to judge whether or not my forebodings have been justified. Anyhow, it enabled the chairman of the V.A.D.s, and the College of Nursing, Ltd.,

to stave off State Registration for the nurses until the half nurses could get seated in the saddle—could be organised for the more expensive branches of nursing work.

DANGER No. 5.

Another very serious menace to the nurses is that so many of their papers are controlled and financed by their employers. There are plenty of educated women in the profession capable of managing their own press as the doctors do theirs; and apart from other things I think I may safely prophesy there will never be unity in the profession until it manages and supports its own press.

I could go on enumerating many more dangers. Never has there been a time of greater crisis for the nurses. Thousand of them are out of employment, and a very dark future lies before them unless they wake up and face the position. You have been exploited in the past, the only thing to do is to combine and to prove that you are no longer exploitable.

DON'T BE A CHARACTERLESS CLOG ON THE WHEEL.

Whatever you do, don't be passive resisters. If you feel that in this movement you have the right means, and a strong means to protect you, face prejudice bravely, and go on with it. If you feel that other Societies which have been fighting for you for so long meet more with your views, support them—don't be a characterless clog on the wheel. On all hands the amateur is ousting you, on all hands your future is faced with dangers, and things look very black for the nurses.

Miss Macdonald then told an ancient Indian legend showing how a time of difficulty and wrong, misery and suffering often means a great step forward in resolution, and so results may be achieved in a very short time which otherwise can only be attained by slow years of labour. She advised her hearers to deal with the present situation with strong courage, not to drift on to the city of destruction. She concluded: It is useless to bleat about unity in the nursing profession while, at a time such as this, you have one press fighting for the interest of the employer, and another for the protection of the nurses and their patients. It is absolutely wrong that the nursing press should be a matter of commercial enterprise for men who know nothing about nursing. If it is so, it is bound to serve the interest only of the people who can pay, and, therefore, you see columns and columns of advertisements from employers in this press. Another thing is that those long lists of advertisements are the bait, the noose, that make the nurses read these papers. Sometimes the feeling rises in me that they represent the price of blood, and I feel I can hardly touch the thing.

I will confess the full measure of my own iniquity, though, here and now. I have written articles for this press myself. When the scales fell from my eyes I paid conscience money to the Trained Nurses' Annuity Fund. Let the gentle-

men who gain kudos and social prestige by sitting on the Boards of Hospitals play the game to those nurses, wielding their professional press solely for the liberty and progress of their profession, and for the protection of the individual nurse. Give to those nurses an equal chance with the men who run their press for commercial gain. These remarks are inspired by no one; they are simply the result of my own observation and my deductions therefrom.

A WORD TO R.B.N.A. MEMBERS.

Now a word to R.B.N.A. members. When Sir Henry Burdett writes me up in the *Hospital* and the *Mirror* next week, don't please fill my letter-box again with indignant letters of sympathy, as you did the last time. I have no respect for anyone who uses nurses in any way as a commercial asset, and so I can't care for anything he says. Very likely I shan't have time to read it.

RIPE TO HARVEST.

At the conclusion of Miss Macdonald's speech, which was most warmly received except by a little hostile College clique at the back of the room, a member of the R.B.N.A. offered her a sheaf of beautiful autumn leaves with the cryptic remark, "The leaves are ripe to harvest; see that these do not turn blood red."

MISS JENTIE PATERSON ON NURSING ECONOMICS.

Miss Jentie Paterson, in commencing a vigorous and racy speech, said that though she was known to many present as a member of the N.U.T.N.—and that society had been seriously considering the question of a trade-union for nurses—she was on the platform simply as a working—should she say a fighting—nurse, expressing her own considered views. She continued:—

NOT PARASITES ON SOCIETY.

I joined a Nurses' Society realising that unity meant strength; but, I am convinced, that hard as we have worked, and despite the huge amount of work the societies have done for the Profession, we nurses are faced with a terrible "combine" so forcible and far-reaching that, unless we form a union recognised by law, we cannot make any headway against our employers on the one hand, and, on the other, the army of semi-trained workers, which, if given a free field, will ruin the Private, District, and Public Health Nurses and endanger the public itself. We should let it be clearly understood that we will not lower our professional dignity, and become parasites on society. We demand our just fees—not charity doles—and an open market.

EXPLOITATION OF NURSES.

As nurses we are exploited from the moment we enter hospitals, our cheap labour is more easily obtained than that of ward maids and charwomen, and it is beyond question that probationers are regarded more as a means of running a charitable institution cheaply (what a travesty of the name), than as students studying for a profession. (Hisses and a storm of cheers.) Long ago, as a probationer, I realized that the

woman who was not entirely dependent on her work had a fair chance in hospital, and it was up to her to stand up for her less fortunate co-worker, who could be throttled out of existence if she offended "the powers that be."

A FOUNDATION STONE OF THE TRADE UNION.

One of the foundation stones of this union was "well and truly laid" some years ago, when, as a Guy's Sister, after organising the extension of the out-patient department, I was refused a rise of salary. The Hospital Superintendent who refused me is now the Hon. Secretary on the College of Nursing Company, Ltd.—that collection of employers which has nurses' interests at heart! They *may* be at their hearts, but they certainly are well below their line of vision! I asked, at the time, would any male employé have had to request an increase when his work had obviously doubled? *But I was just a nurse!* A fairly brave one to beard the lion in his den! (Applause.) I did not get the rise, but I never undersell, so I published the facts, and my successor scored. (Applause) As a Guy's nurse I love every stock and stone of the place, but I love my profession better.

EMPLOYMENT FOR LINCOLN'S INN FIELDS.

Some one recently asked me if much legal work would be attached to a Nurses' Trade Union. Well, if all our existing grievances are to be righted I think we could keep Lincoln's Inn Fields employed for some considerable time.

ECONOMIC QUESTIONS.

Miss Paterson then discussed the hours, work, and pay of trained nurses, and said that in most cases the minimum wage of a hospital sister in New Zealand, Canada, America, and parts of Australia was the maximum in this country. The war had taught nurses in the United Kingdom many things regarding their profession, through mingling with other nurses. True many hospital authorities were now advertising a rise of salary for their staffs; but, in reality, they stood at pre-war rates, as the cost of living went up before the salaries.

The lot of the Public Health Nurse was even worse. The remuneration offered by Public Authorities (*sweating* authorities she called them) was anything about £120 per annum to £150, with uniform allowance from the impossible £5 to an exceptional £10.

No doubt, said Miss Paterson, these authorities only need to have it pointed out to them that even "ministering angels" require to be decently clothed, especially if they are to cycle in all weathers.

For this £120-£150 the Health Visitor is to be fully trained, hold the C.M.B. certificate, and, if possible, a certificate from the Royal Sanitary Institute (the examination fees for these last cost her £4, and when one thinks of the money expended on training, one is lost in economic problems). On this yearly pittance the nurse is to do work of *vital national importance*, also to

pay for board, lodging, private clothes, holiday expenses, etc., and provide for her old age, except, of course, that she will probably be short lived.

Miss Paterson next dealt with trained nurses in welfare work, contending that nurses taking up this branch should have the necessary qualifications, and be paid a living wage. She quoted advertisements for fully trained nurses in both public health work, and welfare work, in proof of the miserable inadequacy of the salaries usually offered.

Next, she said, comes the District Nurse. The cry is heard everywhere that good general-trained nurses cannot be got to do district and maternity work. Can we wonder, when we read the pittance offered? There are societies which claim to be charitable, and nurse the sick and poor, yet who do not pay their nurses enough to keep skin and bone together.

Lastly the Private Nurse. She was dominated all through her training, and has vowed to have done with the four walls of a hospital ward for ever, but what does she find? Private co-operations belonging to hospitals competing with her in the open market, and if they do not always undersell her they have the pull by commanding their own medical staff, who naturally engage nurses from the hospital private nursing staff.

Then as to the Military Nursing Service. Is there, said Miss Paterson, any nurse who has been through the war who does not know of hundreds of causes of just complaint. If we had been an organised profession, do you think the War Office would have dared to suggest the signing of the Serf Clause, or issued those disgusting rules which were served out on hospital ships?

CAST ASIDE LIKE A SUCKED ORANGE.

Many civil nurses who gave up good posts to answer the Call have, when ill-health overtook them, been cast aside like a sucked orange. Sometimes there was a little more blood left in the orange than was suspected (it was a blood orange), and the nurse "got her own back," but at what a cost of time, money, and loss of spirit!

SOCIAL INFLUENCE OR PATRONAGE.

Miss Paterson characterised social influence and patronage as one of the most insidious of the evil things which are condemning our sound economic conditions.

The London Hospital social influence has, she said, forced probationers after two years' training to nurse a trusting public, and give up the bulk of their earnings. Either the nurse is entitled to what she earns, or the public should realise that she is half trained, and pay her what the hospital considers she is worth. It is a most reprehensible system. In days to come the benefactor of nurses concerned may perhaps have a statue erected to his memory. We nurses will be pleased to leave the pose, and choice of nether garments to the sculptor, but we strongly urge that the upper garment be a sweater! (Laughter.) Again, ladies who elect to give their patronage to cottage hospitals, or County Nursing Associations,

may flood the country with the semi-trained, and the villagers are supposed to be grateful for the services of a cheap nurse whom the lady of the Manor would not employ if she or her family were ill.

(Miss Paterson described a glaring case of this kind in connection with a large Cottage Hospital which boasts a Duchess on its Committee. (A voice: We don't want duchesses.)

THE ADVISORY COUNCIL OF MEDICAL AND ALLIED SERVICES.

She next drew attention to the composition of the Council on Medical and Allied Services appointed to advise the Minister of Health. I have always, she said, regarded medicine and nursing as twin professions. Yet the Council, appointed by the Minister, consists of 16 doctors, 2 chemists, 1 surgeon dentist, and 1 hospital administrator. It is obvious we are only machinery which will be set in action when the Minister of Health has decided on our work. Hands we may have, heads we are given no credit for.

Are you going to let the new Ministry career down the same old road, with the nursing profession at its heels, instead of alongside, or in front? As for the Hospital Administrator who, I was told, was to represent nurses—well, I refuse to be administered as long as I have a mind of my own. I shall choose my own work and fees, and, now that I have a vote, I intend to have a word in the conduct of public affairs. Who can speak for nurses but a nurse? (Applause.)

THREE CLASSES OF SLAVES.

Miss Paterson defined three classes of slaves:—

1. The slave, whose master cares for his bodily welfare to ensure a return in work accomplished.
2. The Serf Slave.
3. The Wage Slave, who is underpaid, overworked, and cast aside when of no further use—the class which concerns nurses most closely.

BURNT CHILDREN.

Nurses have, she said, been exploited long enough. The last big camouflaged effort of the Employers in the College of Nursing Company, Ltd., will be riddled at last, as some of the keenest supporters of the movement for a professional Nurses' Trade Union are its burnt children.

The hospitals have boycotted the independent nurses, and forbidden them, in at least thirty cases I know of, to speak within their portals on matters vital to the profession. To redress the wrongs which she had enumerated Miss Paterson urged that a powerful Trade Union is necessary to which nurses can bring their grievances—economic and otherwise—without being marked women, for the beauty of a Trade Union is that it is anonymous, the Secretary acts at the behest of the Council.

She reminded those who feared that trade unionism is derogatory to the profession, or does away with the idea of a vocation, that the doctors have their Medical Defence Union one of its objects being "to promote honourable practice, and suppress and prosecute unauthorised practitioners."

A PEG FOR THE NURSE'S HALO.

Concluding, she said: As for those who fear for their vocation, well, Scripture says, "The labourer is worthy of his hire," and, personally, I would scorn to offer to any sick or poor person some of the service I have seen "handed out" by the voluntary worker. If you love your work and your profession, just payment will not lower your standard, but widen the scope of your activities. As nurses we are charged with lack of loyalty to each other, and want of co-operation. Fear and economic stress have been largely responsible for this, not lack of Christian feeling; but if things go on much longer as at present, I should advise the nurse who claims that nursing is a vocation, and not a profession, to bespeak a bed in the nearest Union, and a peg whereon to hang her "halo," for that is all she will have left. (Prolonged applause.)

BETTER TO BE FEARED THAN DESPISED.

MR. ALFRED LUGG, Secretary of the Actors' Association, said obviously no meeting would have been called if it were not a fact that nurses are suffering under grave injustice, long hours, inadequate remuneration, and, probably most serious of all, competition and underselling by quacks. Matters can only be righted by organised effort, which, by constant and accumulative pressure, will finally right all the wrongs that the nurse is heir to. My Council, he said, unanimously decided that the Actors' Association should give every possible assistance to the nurses in their endeavours to form a National Union for Nurses. (Great applause.)

After explaining what the actors had accomplished through their Union, he continued:—When I first approached the Council and asked them to consider very carefully the advantages that would accrue from Registration under the Trade Union Act, everybody but one member was hot against the proposal, but as a Trade Union we have already achieved a standard form of agreement which, if not perfect, at least removes most of the evils from which our people suffered. Our membership has grown from a few—a very few—hundreds to many thousands, and we are respected by all respectable employers and feared by the other kind. Ladies, it is better to be feared than to be despised, and to be respected is better than either.

So few people appear to know exactly what a Trade Union is. With most of us it is a vague connotation usually implying strikes, and latterly revolution and Bolshevism; whereas Trade Unions are perfectly legal and constitutional bodies regulated by Act of Parliament. A Trade Union, as we understand it, is a continuous association of wage-earners for the purpose of maintaining and improving the conditions of employment, and such associations are the obvious reply of wage-earners to the association of shareholders in a Company to maintain and improve their power of making money. If the latter association is right and legal, clearly the former is also, yet it was not until after 50 years of bitter struggle

and the persecution of many labour leaders, some of whom were even deported as criminals, that wage-earners were conceded the right to combine to safeguard their own interests.

Women have recently been enfranchised, and it is undoubtedly the duty of every woman to help to organise her fellow women workers. Whilst at least 50 per cent. of the drudgery and coarse servitude of the world is performed by women the unorganised woman is a traitor to her sex.

Lastly, let us look at the matter from the National point of view.

The Government has asked every calling and industry to organise. All employees should form their Trade Union, and all employers should join their associations or societies, and should form between them a Joint Industrial Council for regulating relations between the workers and the employers.

No movement has suffered more from deliberate misunderstanding and misrepresentation than the Trade Union movement, and yet, in its purity—I am not speaking of the abuse of Trade Unionism, but in its purity—it is a civilising force second only to Christianity, and any form of organisation which does not realise and employ its potentialities, for the individual and general good, will achieve nothing, but will wander to and fro groping, because all other forms of organisation are, so to speak, mere emblems, and not instruments of advancement. (Applause.)

ANNOUNCEMENTS FROM THE CHAIR.

The Chairman then announced that a collection would be taken to defray the expenses of organisation. The Hall and other items cost money, and the printers did not print the Bills for nothing.

A collection was then taken which, we are glad to learn, amounted to a handsome sum.

DISCUSSION.

MISS BEATRICE KENT, in opening the discussion, laid emphasis on the necessity for a liberal collection in support of the new movement.

MRS. ROGERS spoke of the power of the Press, and the importance of acquainting oneself with both sides of current politics. She said she was an Australian nurse, but had had the splendid privilege of reading *THE BRITISH JOURNAL OF NURSING*, which was known all over the world as the friend of nurses.

"HOSPITAL" AND "NURSING MIRROR" TRAMPLED UNDER FOOT.

She spoke of the most shameful criticism to which the finest women in the nursing world had been subjected in the *Hospital* and the *Nursing Mirror*—criticism which made her blood boil. Her plan was to tear them up, and, suiting the action to the words she tore up copies of these two publications before the audience, and threw them on the floor, where they were trampled under foot.

A MEMBER OF THE PUBLIC expressed the opinion that the nurses were going to help not only themselves but the public by this movement. (Hear,

hear.) He advised them to form their Union, for through it they could bring public pressure to bear upon any Government going. He advised the nurses to do it themselves. It was the best means of getting at public opinion.

MISS HASLAM, who said she was an American Registered Nurse spoke of what had been achieved through organisation in the United States, she was very glad to learn that English nurses were forming a Trade Union.

A MEMBER OF THE AUDIENCE asked what more the proposed Union could do for the nurses than the College was going to give them. Most of their objects were already objects of the College. She said further: "Anyway, the College will do all the nursing education in the future."

The Chairman said that, in regard to the College, the writing was on the wall. *Mene, Mene, Tekel, Upharsin* (weighed in the balances and found wanting).

MISS DRUMMOND enquired why Miss MacCallum did not resign her membership of the College if that was her opinion.

THE CHAIRMAN said that was her affair. In reply to a further question from Miss Ferrier she said she had every right to retain her membership, and also, if elected, to take a seat on its Council.

DR. WELPLY, Medical Secretary of the Medico-Political Union impressed on the meeting the necessity for adopting a democratic constitution.

DR. ARMSTRONG congratulated the meeting on its success, and advised nurses to form their Trade Union. Behind the diplomats were the sailor and the soldier, and the fact of carrying arms gives you more weight though you may not use them.

MISS O'DWYER, who said that she possessed the commercial instinct, enquired what she could do to get her guinea back from the College of Nursing, as she felt she had not got value for it.

OVERWHELMING SUPPORT FOR RESOLUTION.

On being put to the meeting, a forest of hands were held up, and the Chairman declared the Resolution carried by a large majority, the limited opposition there was came from a small College clique at the back of the room.

IN CONCLUSION.

A hearty vote of thanks was unanimously accorded to the Chair.

In conclusion the Chairman thanked those present for their attendance, especially the speakers, some of whom had come at very great sacrifice and inconvenience.

She then declared the meeting closed; and so ended a most memorable gathering of nurses.

Those who desire further information as to the Professional Union of Trained Nurses should apply to the Secretary, *Tr.N.*, the Triangle Secretarial Offices, 60 and 61, South Moulton Street, W. 1.

THE PROFESSIONAL UNION OF TRAINED NURSES.

A meeting of the Professional Union of Trained Nurses (Registered under the Trades Union Act) will be held on Friday, November 7th, at the King George's Hall (London Central Y.M.C.A.), Tottenham Court Road, at 2.30 p.m.

Many nurses interested in the question were unable to attend the Mass Meeting held at the Mortimer Halls on the 25th ult., and this, and other opportunities are to be arranged for bringing the movement before the profession generally.

AN APOLOGY.

The readers of THE BRITISH JOURNAL OF NURSING have come to rely with confidence on the accuracy of its announcements owing to careful and expert editorship, and they were, with the Editor, surprised to find that November 8th, and not October 25th, was inserted in the last issue as the date of the Mass Meeting to be held to discuss a Trade Union for Nurses at Mortimer Halls. The Editor has accepted an apology from the Directors of the Press Printers, Ltd., for this glaring inaccuracy, and at the same time begs to inform her readers that as passed for press by her the date given was correct.

STATE REGISTRATION UP-TO-DATE.

We learn that the Scottish and Irish Offices are now alive to the urgency of the Nurses' Registration question and that a conference has been invited by the Scottish Board of Health to be held in Edinburgh on Saturday, November 1st. Nurses throughout the United Kingdom must realise that the institution, by Act of Parliament, of a Ministry of Health, materially alters their relations to the Government where legislation is concerned. Trained Nursing must be recognised as an integral part of any provision made by the Ministry of Health for improving the standard of national health. Trained nursing must therefore throughout the United Kingdom be standardised by Act of Parliament, at an early date.

THE CENTRAL COMMITTEE'S BILL.

In the meanwhile Major Barnett has put down on the Orders of the Day in the House of Commons, The Nurses' Registration Bill; as amended (*in the Standing Committee*), to be further considered.

Thus the Central Committee's Bill is not withdrawn as constantly stated by the uninformed nursing press, but remains amongst the Orders of the Day, as a reminder to Parliament of the urgent necessity to pass a Nurses' Registration Bill, which would by now have been on the Statute Book had it not been obstructed by the representatives of the College of Nursing, Ltd., upon the direction of its Council.

THE COLLEGE REGISTER.

The Register of Nurse Members, compiled by the College of Nursing, Ltd., is now in print. Every Company has to keep a roll of members; **but** so-called "registration" by a limited liability Company is of no real value to a body of professional women.

A State Register compiled under the authority of an Act of Parliament is the only form of "registration" which can benefit trained nurses. May it soon be possible to compile and print the State Register, after standardisation of Nursing education and testing its efficiency, through a one-portal examination. Time's up.

FLORIDA TO THE FORE.

A new law for State Registration of Nurses has been passed by the legislature and approved by the Governor of the State of Florida, U.S.A. It provides for a Governing Body composed entirely of trained nurses, and for a one-portal examination to include the following subjects:—Practical Nursing, Surgical, Obstetrical, Hygiene, Contagion, Dietetics, Materia Medica, Anatomy, Physiology, Gynaecology and all other matters deemed necessary and proper by the board to establish the fitness and qualifications of the applicant.

The fee for registration is fixed at 10 dollars (£2) and an annual renewal fee of one dollar.

Registration is made compulsory. It will be unlawful for any person to practise nursing as a trained nurse without having obtained a certificate, or license, or permit of registration. The Bill provides for reciprocity of registration with other American States.

SCOTTISH NURSES' CLUB.

POST-GRADUATE LECTURES FOR NURSES.

The first lecture of the Session 1919-1920, at which there was a good attendance, was given in the Club, 205, Bath Street, Glasgow, on Friday, October 17th, at 8 p.m. *Lecturer*, Dr. McGregor-Robertson, M.A., F.R.S.E. *Subject*, "The Relation of Living Organisms to Infection, and Specially the Organisms of Certain Specific Diseases."

The second lecture was given on Wednesday, October 29th, at 7.30 p.m. *Lecturer*, Dr. David Watson, M.B., C.M. *Subject*, "Venereal Disease."

The third lecture will be on Thursday, November 13th, at 8 p.m. *Lecturer*, Dr. Sam I. Cameron, M.B. *Subject*, "Complications and After-Treatment in Abdominal Operations."

A series of lectures will be given fortnightly in the Club during the winter months and promise to be varied and interesting. It is hoped that the nurses will take full advantage of them.

The lectures are free to members of the Club. Non-members, admission 1s. All nurses are made welcome.

HONOURS FOR NURSES.

The following ladies have been decorated with the Royal Red Cross :—

THE ROYAL RED CROSS (FIRST CLASS).

Sister Lilian Terrill, Queen Alexandra's Imperial Military Nursing Service Reserve.

THE ROYAL RED CROSS (SECOND CLASS).

Miss Gertrude Blacklock, Queen Alexandra's Imperial Military Nursing Service Reserve, Miss Annie Palmer, Queen Alexandra's Imperial Military Nursing Service Reserve, and Mrs. Helen Pyper, British Red Cross Society.

CROIX DE GUERRE WITH STAR.

Miss Jean McGibbon Campbell, and Miss Edith Wadsworth, Registered Nurses' Society, Members of the French Flag Nursing Corps, have been decorated with the Croix de Guerre, with Star.

CITATION.

The Citation conferring this honour upon these Sisters is as follows :—

"English Nurse, employed in the French Sanitary Formations for many months, has given proof of exemplary courage, zeal, and devotion in the accomplishment of her service, and, in particular, in localities subjected to bombardment by the enemy."

To the Grand General Head Quarters.

August 5th, 1919.

The Marshal of France.

Commandant in Chief of the French Armies of the East.

PETAINE.

FOREIGN HONOURS FOR NURSES.

The following Decorations and Medals have been awarded by the Allied Powers to Nurses for distinguished Services rendered during the war. The King has given unrestricted permission in all cases to wear the Decorations and Medals in question :—

CONFERRED BY THE KING OF THE BELGIANS.

MEDAL DE LA REINE ELISABETH.

Acting Sister E. E. Appleton, C.H.R.; Sister A. L. Baird, Mil. Fam. Hosp., Q.A.I.M.N.S.; Mrs. Barron, Drvr., F.A.N.Y.C.; Actg. Sister A. M. Browett, Q.A.I.M.N.S.R.; Actg. Sister E. E. Cooke, C.H.R.; Sister E. M. Cooper, Mil. Fam. Hosp., Q.A.I.M.N.S.; Actg. Sister C. E. Druce, C.H.R.; Sister C. Elston, Q.A.I.M.N.S.R.; Nursing Sister F. H. Freshney, S.A.M.N.S.; Actg. Sister K. E. Haywood, C.H.R.; Sister A. M. Heffernan, A.A.N.S.; Sister B. M. Huddleston, N.Z.A.N.S.; Actg. Matron I. Johnson, C.A.M.C.; Nursing Sister E. F. Jones, C.A.M.C.; Nursing Sister M. T. Lynch, C.A.M.C.; Actg. Matron M. McCormick, Q.A.I.M.N.S.; Actg. Sister A. A. Mate, Q.A.I.M.N.S.R.; Actg. Sister C. F. Middleton, Q.A.I.M.N.S.R.; Actg. Sister F. A. Morgan, C.H.R.; Actg. Sister E. Pilkington, Q.A.I.M.N.S.R.; Actg.

Sister A. Reburn, C.H.R.; Actg. Matron M. H. Smythe, Q.A.I.M.N.S.; Actg. Sister F. A. Spedding, C.H.R.; Sister M. R. Stewart-Richardson, Q.A.I.M.N.S.R.; Miss A. M. White (Sgt.), F.A.N.Y.C. (attchd. Belgian Army); Actg. Matron I. M. Whyte, Q.A.I.M.N.S.; Actg. Matron A. P. Wilson, Q.A.I.M.N.S.

CONFERRED BY THE PRESIDENT OF THE FRENCH REPUBLIC.

Actg. Sister S. Coulter, Civil Hosp. Res.; Sister A. M. Phillips, Q.A.I.M.N.S.; Actg. Matron G. M. W. Smith, Q.A.I.M.N.S.; Actg. Sister E. Tully, Civil Hosp. Res.

CONFERRED BY THE KING OF SERBIA.

ORDER OF ST. SAVA.

FOURTH CLASS.

Principal Matron M. Wilson, R.R.C., Q.A.I.M.N.S.

FIFTH CLASS.

Matron A. B. Cameron, 37th Gen. Hosp., Q.A.I.M.N.S.; Matron J. M. Clay, 38th Gen. Hosp., Q.A.I.M.N.S.; Sister (acting Matron) M. Jones, 41st Gen. Hosp., T.F.N.S.; Matron A. M. Milligan, R.R.C., 36th Gen. Hosp., T.F.N.S.; Matron J. Smales, T.F.N.S.

GOLD MEDAL FOR VALOUR.

Sister A. R. Colhoun, 37th Gen. Hosp., Q.A.I.M.N.S.; Sister E. Garrett, 37th Gen. Hosp., Q.A.I.M.N.S.

SAMARITAN CROSS.

Staff Nurse E. E. Allen, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Staff Nurse B. E. Barrett, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister E. M. Broome, 36th Gen. Hosp., T.F.N.S.; Sister A. Brown, 38th Gen. Hosp., T.F.N.S.; Sister O. L. Cracknell, 41st Gen. Hosp., Q.A.I.M.N.S. (Res.); Staff Nurse R. C. Crisford, 28th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister H. Douglas, 37th Gen. Hosp., T.F.N.S.; Sister D. E. Grant, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister G. E. Green, 36th Gen. Hosp., T.F.N.S.; Sister (Asst. Matron) E. Harwood, 38th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister J. Holford, A.R.R.C., T.F.N.S.; Sister E. Lee, 41st Gen. Hosp., Q.A.I.M.N.S. (Res.); Staff Nurse G. L. Line, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Staff Nurse A. Macleod, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Staff Nurse F. S. Major, 41st Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister J. T. Mitchell, 36th Gen. Hosp., T.F.N.S.; Sister E. Percy, T.F.N.S.; Sister S. G. Rees, T.F.N.S.; Sister H. M. Ripper, 38th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister C. M. Robinson, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister H. D. Simpson, 37th Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister H. Smith, 38th Gen. Hosp., T.F.N.S.; Staff Nurse A. Ward, 41st Gen. Hosp., Q.A.I.M.N.S. (Res.); Sister A. K. Wheller, 36th Gen. Hosp., T.F.N.S.; Sister B. Wotherspoon, T.F.N.S.

A NEW MATERNITY HOSPITAL FOR NOTTINGHAM.

There is every likelihood of Nottingham being in possession of a new hospital, possibly for maternity purposes, before very long, as the Health Committee has unanimously decided to accept as a gift a large house on Gregory Boulevard, recently presented to the city by Sir T. I. Birkin.

ARMY NURSING NOTES.

ARMY OF OCCUPATION BONUS TO NURSES.

Additional instructions have now been issued on the issue of Army of Occupation bonus to Nurses. This bonus is granted under Army Order 300 of 1919 to certain members of the Q.A.I.M.N.S.R., T.F.N.S., and to certain V.A.D. Nursing Members, special Military probationers, and assistant Nurses, and temporary nursing staffs of Military Families' Hospitals necessarily retained on Military Service. Until further notice, a bonus at the same rates as those approved for reserve and temporary staffs is granted to Members of the Q.A.I.M.N.S. and of the permanent nursing establishment of Military Families' Hospitals.

The bonus is based on the rank, acting or substantive for which pay is being drawn. Acting rank specially granted without pay and allowances of the rank will not entitle the holder to the higher rate for such rank. In cases other than those of the Q.A.I.M.N.S. and the permanent nursing establishment of the Military Families' Hospitals, the bonus is only issued subject to the Nurse having signed a contract to continue to serve until April 30th, 1920, or until her services are no longer required, whichever is the earlier date.

ADDITIONAL INSTRUCTIONS.

To draw the bonus from February 1st, 1919, Nurses and V.A.D. Nursing Members serving at home must sign A.F.W. 5120 before November 1st next, and those serving overseas must complete A.F.W. 5120 within one month from the date on which A.C.I. 590 is received in the area in which they are serving.

Nurses and V.A.D. Nursing Members who sign the agreement after the dates above specified are eligible for the bonus only from the date of signing A.F.W. 5120.

Nurses and V.A.D. Nursing Members on sick leave should complete the form within one week of the date of rejoining for duty. They will then be eligible for the bonus from February 1st, 1919.

WEDDING BELLS.

Many friends of Miss Nelly Branch, of the Registered Nurses' Society, will wish to offer her their very hearty good wishes on her marriage with Mr. Henry Teasdale-Birks, of 4, Bedford Row, W.C., and 28A, Leinster Terrace, Hyde Park, W., which takes place on Thursday, October 30th, at 10.30 a.m., at Christ Church, Lancaster Gate.

Miss Branch was trained at the Great Northern Central Hospital, and the City Hospital, Coventry, and was for four years a member of the French Flag Nursing Corps. She was appointed Supervising Sister at the Jules Ferry Military Hospital at Lisieux, a position she held with great success, her work being greatly appreciated by the Service de Santé, and by the patients. ■■■

THE FUTURE OF V.A.D.s

A conference was held at St. James's Palace last week by permission of the King, to discuss the future constitution of Voluntary Aid Detachments. A scheme has been drawn up for using their services under the Ministries of Health and Pensions. It is proposed that the Voluntary Aid Detachments shall remain a part of the Technical Reserve of the Territorial Force but that the management of them shall be delegated by the War Office to a Joint Council, who shall set up a Central Joint V.A.D. Committee, of whom one member shall be nominated by the War Office, five by the Territorial Force Association, and 10 by the Joint Council.

Sir Arthur Stanley (Chairman of the Central Joint V.A.D. Committee, and the College of Nursing, Ltd.) presided, and he was supported by Dr. Addison, Minister of Health, and Colonel Webb (Director General Medical Service), representing the Ministry of Pensions.

A large number of titled women were present.

The chairman said they felt that there was just as great a field for voluntary effort in peace time as there was during war; and it was the ambition and the hope of the voluntary workers that they might be able to continue their work under the Ministries of Health and Pensions.

Dr. Addison said he was glad to find that this great organization, which had rendered such conspicuous and valuable service during the war, was prepared to extend its energies to the needs of peace. From the point of view of the Minister of Health he welcomed their assistance, and he was sure they would be able to work together for the common good. The Ministry would be glad as necessity occasioned to seek their assistance from time to time in promoting the health of the people in times of peace. There was no end to the opportunities for well-directed and considered effort with regard to health matters among the people. One of the things we had often lacked had been a sufficient opportunity for considering the right lines of activity for creating a practical policy, and of avoiding a needless duplication of well-meant effort, often with not very useful results. The fact that that great organization was prepared to enter the field would, he hoped, do a great deal to promote community of action among those voluntary organizations with which they were associated, and secure, in consultation with the Ministry of Health, that they worked on the right lines.

With regard to the domestic development of our health services, so far as the aid of properly trained nurses was concerned, there was a field as wide as humanity itself. One of the greatest services they could render to promote the health of the people was to spread common knowledge and to improve the methods and habits of daily life in their homes. They all knew that an incalculable amount of the sickness and disability from which people suffered arose from the lack of

good, sound knowledge, and the work of the nurse in the home was the most effective means of spreading that knowledge in a practical manner. This subject had already been discussed between them, and the Ministry of Health would gladly co-operate in any practical measures that might be devised for dealing with that great necessity.

Colonel Webb thanked the V.A.D.'s on behalf of the Ministry of Pensions, for their proffered help on the same lines as that carried on under the War Office.

Resolutions were passed with a view to placing a well-considered scheme before the Army Council for its consideration.

V.A.D.s OR P.A.D.s.

What the public and the Nursing Profession have a right to know, is whether or not V.A.D.s are to continue to be paid salaries and emoluments as at present, and still claim the misleading title of voluntary workers. Are they to be V.A.D.s or P.A.D.s?

PROBATIONERS IN PYJAMAS.

During the past week some very astonishing evidence has been heard in the Divorce Court. For instance, in the Everitt case, Counsel for the young wife's petition referred to the incident of the petitioner and the pyjamas. He mentioned that a lady, Mrs. W., had a large house in the country, and turned it into a hospital for wounded officers, and read a letter from Mrs. Everitt to her husband explaining the incident. She wrote:

I have always been a loyal and true wife to you, and never allowed any man to take liberties with me, with the exception of Colonel — and Dr. —, when I was at —, when Colonel — gave shooting parties to his men friends. Mrs. W. asked me and the other two probationers to dress up in the husband's pyjamas, let their hair down, and come down after dinner and romp with them. Naturally, we had our clothes on underneath, with the exception of dresses and petticoats. As a married woman, I did not care about doing this before a lot of strange men, and especially as Colonel — and Dr. — were outsiders enough to kiss me publicly before the others; but Mrs. W. insisted, and I liked the nursing and put up with it on that account. I would have told you at the time, but Mrs. W. begged me not to, and when I tried to the other day you refused to listen. I hear now they have been cads enough to let it out, and my name is being bandied about, people naturally saying that if she allowed them to do that in public, what must their private relations have been? I am very much upset about it. I ask you therefore to write to both these so-called gentlemen for an explanation. I rely on you to give them both the thrashing they deserve, since both my honour and theirs are concerned.

This throws a lurid light on the behaviour of some of these untrained women in Society hospitals for officers. Why should a woman who proposed such abominable conduct in a so-called hospital have her name suppressed? We hope she has not been decorated with the R.R.C., or been "mentioned." We wonder!

APPOINTMENTS.

MATRON.

Derbyshire Hospital for Sick Children, Derby.—Miss Alice Dight has been appointed Matron. She was trained at the Derbyshire Royal Infirmary, and has been Home Sister and Assistant Matron at the Victoria Hospital for Children, Chelsea.

Horton Infirmary, Banbury.—Miss E. G. Kilburn has been appointed Matron. She was trained at the Royal Infirmary, Sheffield, and has been Night Superintendent at the General Hospital, Wolverhampton, Assistant Home Sister at the Royal Infirmary, Bristol, and Assistant Matron at the Royal Hospital for Sick Children, Aberdeen. She has also done active service abroad during the war.

Exall Temporary Sanatorium, near Coventry.—Miss Jean C. Alcock has been appointed Matron. She was trained at the Crumpsall Infirmary, Manchester, and has been Staff Nurse at the Baguley Sanatorium, Manchester, Sister and Sister-in-Charge at Kimlesworth Sanatorium, Yorkshire, Matron of the Tuberculosis Dispensary, Hinckley, and Matron of the Mowsley Sanatorium, Leicestershire.

Birr Fever Hospital, Ireland.—Miss M. J. Dooley has been appointed Nurse and Matron in succession to Miss O'Mahoney who has resigned.

MATRON HOUSEKEEPER.

Royal Victoria Eye Infirmary, Paisley.—Miss Mary K. Kimmond has been appointed Matron-Housekeeper. She was trained at the Royal Infirmary, Dundee, and has been Night Superintendent at Friedenheim Hospital, and Sister-in-Charge of Hillside Sanatorium, Perth.

SISTER.

Exall Temporary Sanatorium, near Coventry.—Miss Margaret Murray has been appointed Sister. She was trained at the Sunderland Eye Infirmary, and the Blackburn Fever Hospital, and has been Sister and Deputy Matron at the Rothwell Isolation Hospital and Sanatorium near Leeds, Night Sister at Penmore Hospital, Chesterfield, and Sister of the Tuberculosis Block for Advanced Cases of Phthisis (Male), Penmore Hospital, Chesterfield.

BRITISH NURSES IN NORWAY.

Thanks to the kindly hospitality of Surgeon-General Daae and other prominent Norwegians, says *The Times*, about a hundred British nurses, members of Queen Alexandra's Imperial Military Nursing Service and the Territorial Force Nursing Service, have recently enjoyed a holiday in Norway.

The sisters went in parties of ten, and were entertained by the Norwegian Committee throughout their month's stay. They speak most highly of the warm welcome which was given them wherever they went, and bear tribute to the good work in the establishing of closer relations between the two countries which the happy idea which prompted and carried out this series of visits has accomplished. One of the sisters in an account of her visit writes:—

The culmination was reached in an invitation to go to the country residence of the King and Queen of Norway, where we were received with truly royal graciousness and kindness and entertained at tea—presided over by our Queen Maud herself.

"SUSANNE."

At 11, Spring Street, near Paddington Station, we recently paid a visit to the antique shop of Madame Susanne, where we picked up some very desirable trifles at very reasonable prices, and as reasonable prices for first-class goods are something quite unique in these profiteering days, we determined to tell our readers of our find. We have been much interested in visiting hospital Matrons' and Sisters' rooms to find how widespread is the love of antique furniture and *bric-à-brac* amongst them, and how many charming "bits" decorate their homes. This always delights us, as our excuse to our own conscience, in sometimes succumbing to temptation in this particular, is that we must all do our best to retain in this country the lovely and precious handiwork of the great artists and craftsmen of the past, who put so much life into their productions, and prevent these precious and beautiful things being snapped up by the foreigner. We feel sure those who pay "Susanne" a visit will be delighted with the variety of charming things to be seen there—china, blue pottery, glass, lacquer tea trays (one painted green, very fascinating), and nice little bits of furniture.

"Madame" is the most genial of connoisseurs and is always pleased to show her collection even to those who are not sure they want to buy for the moment.

COMING EVENTS.

October 31st.—Quarterly Meeting of the Matrons' Council. The President, Miss M. Heather-Bigg in the chair. 431, Oxford Street, London, W.1. 3 p.m. Tea 5 p.m.

November 3rd.—Central Midwives Board (One Portal) Examination, London, Birmingham, Bristol, Manchester, Newcastle-on-Tyne: Oral Examination a few days later.

November 6th.—National Council of Trained Nurses Annual Meeting. 431, Oxford Street, London, W. 4 p.m.

November 7th.—Professional Union of Trained Nurses (Registered under the Trades Union Act). Mass Meeting, King George's Hall (London Central Y.M.C.A.), Tottenham Court Road. 2.30 p.m.

November 12th.—Central Midwives Board. Monthly Meeting. 1, Queen Anne's Gate Buildings, Westminster, S.W.1. 2.30 p.m.

November 13th.—Central Midwives Board. Penal Cases. 10.30 a.m.

November 15th.—Meeting of the Central Committee for the State Registration of Nurses, Council Chamber, by kind consent of the British Medical Association, 429, Strand, W.C. 2.30 p.m.

WORD FOR THE WEEK.

It is a constantly recurring danger to religion to worship religion instead of God.—*The Rev. F. R. Barry.*

BOOK OF THE WEEK.

"SONIA MARRIED."*

Mr. McKenna says in his preface "Sequels are admittedly failures, but I look on this book less as a sequel than as an epilogue or a footnote." Be that as it may, those who have either not read "Sonia," or having done so have in a great measure forgotten many of its incidents, and much of its detail, cannot appreciate this its successor to the fullest extent. This, however, is not to be avoided, for Sonia is Sonia, and if her history is to be elaborated it must be done in this form. Sonia herself, is, we hope, a not very common specimen of her type, though we fear she is by no means unique.

A vain, heartless, selfish little coquette, she uses to the full all her practised weapons of beauty and charm.

Married to David O'Raine, the passionate lover of his fellowman, with his deep conviction of responsibility towards them and their needs—which the terrible sacrifice of his sight during the war had only served to accentuate—Sonia in marrying in an hysterical impulse as Mr. McKenna admits, sowed the seeds of instant disaster.

David, at the time the story opened, was still little more than a boy—a remarkable and arresting personality—and had been married little more than a month. Already Sonia was jibbing at the open house that David insisted on keeping at their residence, the "Sanctuary," near the Tate Gallery. We give the locality, because the story is permeated with the atmosphere of Westminster, and the house, of which David and several other characters introduced were members. His household was truly a motley one, and in common justice to Sonia it must be admitted that it was trying to a young bride with very up-to-date tastes.

His employment of Hilda Marion as his secretary was as yet an unuttered grievance to Sonia and an example of David's chivalry. She was young and pretty, and into his voice came a throb of anger as he lightly touched upon the life she had once from force of circumstances been driven to lead. Though he adored his wilful young wife, he was as adamant where his principles were concerned. He was not at all jealous nor disturbed by her flagrant flirtations, nor of the devotion she deliberately inspired in other men. She was a woman to whom admiration was meat and drink, and as she apparently had no moral sense, she indulged this passion to the full. David was no doubt to blame in that he was blind to the danger of his wife's conduct.

Sonia's incessant chatter is often very amusing, as, for instance, when she tries to placate an admirer after calmly ignoring an engagement to dine with him.

"Don't go away when I'm talking to you ;

* By Stephen McKenna. London: Hutchinson & Co.

it's rude to begin with, and you know you're always sorry when you've been rude to me. Oh! the times you've had to call with a taxi full of flowers. I will say this for myself. I am very forgiving; and in the second place, you're missing the real pathos of the story, what the Americans call the 'sob stuff.'

"I left home at seven-thirty, as I think I must have told you before, but you will interrupt. I walked to the Houses of Parliament—no taxi. I persevered down Whitehall—no taxi. Fainting from fatigue and weeping from sheer mortification, I dragged one foot after the other—for the honour of England, you know." . . . Thus Sonia, who never thought of turning up at an appointment till it suited her. Such an unbalanced creature must needs come to grief and the crisis came when David persisted in taking a temporary appointment away from home in order to repay what he considered a debt of honour.

Sonia, possessed by what might well be termed devilry, gives the unscrupulous Colonel Grayle an advantage over her and takes the extreme step of leaving her husband's house under his protection. She is discovered and finally brought back, after Grayle cast her off, although he was the father of her unborn child.

It was characteristic of David that he showed his own wife the pity that he extended to all who were trodden under.

Apparently, when the story closes, he is about to take Sonia to his heart again. His friend, Lady Loring, advises him to face facts and end this business.

"You never seem to appreciate that I loved Sonia."

"Indeed I did. But I thought we agreed that there are some tests that the greatest love in the world could not survive."

He took up his stand by the fireplace, smiling to himself and rocking gently from heel to toe, with his hands in his pockets.

"I thought so, too. But wouldn't it be a fair weather love? I treated Sonia badly and she treated me worse. Until I married I always thought that marriage was an easy, straightforward business. You fell in love and that was the end of it. I always said that I loved her more than a man ever loved a woman before. If I can't prove it . . . !


H. H.

NIGHT AND THE CURTAINS DRAWN.

Night, and the curtains drawn,
The household still,
Fate, with appointed strength,
Has worked its will.

Close to the dying blaze
We sit alone;
Nought but the old days lost,
All else—our own.

Dearest—the whole world ends—
Ends well—in this;
Night, and the firelit dark,
Your touch, your kiss.

 By Helen Granville Barker.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

SELF-GOVERNMENT ALONE CAN EFFECT UNITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I feel very flattered that you should have taken notice of my remarks at the recent very successful meeting of the Nottingham Branch of the College of Nursing.

With all due submission I bow to the rod with which you have scourged me, but I am still unrepentant, as you have evidently been misled by the very garbled report of the proceedings which found its way into the local press.

The point I tried to make was this: that now that the Health Minister was about himself to introduce a Bill for the State Registration of Nurses, there was every hope that when it is passed into law the chief bone of contention between the rival organisations of nurses would disappear, and the way paved for the formation of one strong united body to look after the interests of the noblest of all the professions.

If such an amalgamation is impossible under the present leadership of the different societies, it must wait till the old pilots are dropped and new ones step upon the bridge.

But in the meantime the Royal British Nurses' Association and the College of Nursing will be able to go on each with its own schemes for the improvement of the education and of the conditions of service of the trained nurses of this country.

If in my humble sphere I can be of assistance to any Nurses' Guild formed for these objects it has only to command my services and they shall be at its disposal. But I should prefer to see one strong united body with local autonomous branches and a central executive elected on a geographical basis so that the most remote units could make their voice effective as well as the metropolitan.

I am, Dear Editor,
Yours faithfully,

N. FULTON.

Armoy,
Old Basford,
Nottingham.]

[We thank Dr. Fulton for his letter, and commend to his attention the report of the meeting held in London on Saturday last to form a Nurses' Trade Union. There can be no hope of a united body of Nurses until they are permitted to organise and manage their own affairs without lay interference and patronage, as the Medical Profession does.—ED.]

NURSES IN PUBLIC HEALTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In a letter to the Journal of October 18th. re "Trained Nurses in Public Health," "Onward" says that "it is only wasting time to protest against the fundamental regulations that have already been approved," but I would like to ask how she would propose to bring about any reform or improvement if not by protesting?

I feel sure that many will agree with me that the regulations are most inadequate, and the sooner and louder we protest, the sooner we are likely to have more efficient health legislation for our nation.

One has only to read Sir Robert Morant's pamphlet (price 1d.) on "The Training of Health Visitors," to realise how wide a sphere Health visiting embraces. To propose that a woman, at the age of twenty, should be able to take a final examination, and be qualified for a *salaried post*, of even limited responsibility, with only two years' study, is merely offering the people a shadow for a substance, opening up another channel for cheap labour, and widening the gulf already existing in the nursing profession.

Public Health Visiting is Health Nursing, or should be if it is to be of more than surface value to the people, and only those who have had a thorough grounding in the fundamental principles should be allowed to specialise in any of its branches.

"Onward" refers to the medical profession and others, but I would like to ask her if there is any other profession that sanctions specialising before a certificate of general efficiency is secured?

If only workers would look to the fundamental principles and not merely parchment certificates, we would be less likely to fall into traps.

We have just escaped one horrid wolf in the shape of The College of Nursing, Ltd., but take care we do not meet him again dressed in a lamb-skin coat!—Yours faithfully,

C. H. MCARA.

Hillview, Balmore.

[This correspondence must now cease.—ED.]

THE NURSE'S CURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As an English nurse I want to express my appreciation of Mrs. Rogers' remarks about the British nurses at the meeting on Saturday. We were glad indeed that both an Australian and an American nurse supported us.

I thought her remarks splendid. And if the nurses had her courage, they would not be in the plight they find themselves to-day. I agree the first boycott should be the Lay Nursing Press; it is and has been the nurse's curse.

Yours truly,

A. GIFFEN.

45, Richmond Road, Bayswater, W.2.

KERNELS FROM CORRESPONDENCE.

Home Service: "I do think it most unfair that nurses on Home Service who were mentioned in Despatches, are not to receive the Certificate of the King's appreciation. I longed to serve overseas, but places had to be found for so many V.A.D.s that I was kept at home all the time."

Public Health Nurse: "I attended the Conference on Tuberculosis last week, yet one more branch of our work to be taken from us! V.A.D.s are evidently not satisfied with the monopoly of Army Nursing and Health Visiting, but are to have the Tuberculosis Nursing as well. Sir Arthur Stanley and Lady Aberdeen evidently look forward to the millennium when the 'hired nurse' is a thing of the past, as she must be if much more of her work goes into the smelting pot."

Thoroughly Trained: "I note an appeal for £1,000,000 is being advertised for the Children's Hospital City to endow for ever 500 beds in a perfectly equipped Cottage City near London, in connection with the Hospital for Sick Children, Great Ormond Street, and a fine programme is put out with which I should be in complete sympathy if it was not for one item. Amongst the inducements to subscribe is included 'Private Nursing Staff.' Why should young women be side-tracked as specialists to make money for the charity? If the public give a million pounds, surely they will wish the exploitation of the nurses to cease."

A Past Number: "I have attended many Nurses' Meetings in my time, but never one where the working nurses showed so much spirit as at that held on Saturday last to form a Nurses' Trade Union. Very few 'modest violets' appeared to be present, though the College representatives seated near me were very irate that their colleagues objected to be guided into their 'compound.'"

Fully-qualified Public Health Nurse: "I learn that a Welfare Centre has been started at St. Bart's Hospital. So far so good, but—it is a big but—the Sister who lectures to the mothers has not her C.M.B. certificate, nor has she studied pediatrics as I understand it. I wonder if the Sister and those responsible for the appointment realise the great moral wrong they are doing to mothers who go there for advice? A little learning is a dangerous thing, but there is hope for the individual who realises her ignorance and refuses to impart it. And how about undercutting those already trained in this special branch?"

OUR PRIZE COMPETITION.

QUESTIONS.

November 1st.—To what uses can a nurse put hot-water bottles for the care and comfort of patients? What are the special points to be observed in their application?

November 8th.—What are the physical defects for which a nurse or midwife should look in washing a newly-born infant? From what do they arise, and what is her duty in regard to each?

The Midwife.

HAMMERSMITH MUNICIPAL MATERNITY HOME.

The new Municipal Maternity Home at Parkside, Hammersmith, although it has not been yet formally opened, is now in working order, and ten out of the thirty beds are already occupied. The fine, spacious house, standing in three-and-a-half acres of grounds, is rent free for three years, by the generosity of the Mayor, whose property it is. The long drive by which the house is approached boasts of a fine avenue of chestnut trees, and there are charming pleasure grounds and kitchen gardens.

The hospital is intended for poor women of the Borough, who pay on a sliding scale from 30s. for the fortnight. As this sum equals the maternity benefit the advantages of the home are within the reach of most who desire them.

The matron, Miss Alice Edington, received us most kindly on the occasion of our visit, and we were able to investigate the charming home to our heart's content.

First came the receiving ward which, although small, had the most made of its accommodation. Here the patients are bathed and clad in hospital linen, and taken straight away to the very up-to-date labour ward. Every latest sanitary and aseptic appliance has found its way into this ward; its walls are enamelled in white, the light, both natural and artificial, is excellent, and it is in every way adapted to its purpose. The dressing gowns for patients while in this ward are of a pattern designed by the Matron—very full with a broad yoke, and buttoning up the back, so that unsightliness of the figure is not apparent. The wards containing various numbers of beds (six being the maximum), are cheerful and all very sunny; indeed, sun seemed the prevailing feature of the house. The Matron has a passion for fresh air and sunshine, and told us that in a former similar position, she has had patients wheeled straight from the labour ward on to the verandah.

Of course, we made the acquaintance of the babies, especially the latest arrival (born that morning), who appeared deeply to resent his entry into this troublesome world, and was giving voice to his grievance.

Hanging on the wall in each ward is a daintily designed copy of Infant Welfare Suggestions and Hints to Mothers. This struck us as a particularly good notion, as the women, for perhaps the only time in their lives, have a little leisure in which to digest the excellent advice given. The ward for ten sick children is not yet occupied, although the pretty white cots with green coverlets are ready and waiting for the little patients. The room selected for this purpose was originally the drawing room, and is most desirable. Here, again, the sun was streaming in from the fine

conservatory, which is accessible to the ward by a short flight of steps, which Miss Edington has wisely protected with a wicket gate.

The nurses' sitting room is cosy and tastefully furnished, and the particularly pretty blue Axminster carpet adds not a little to its attraction.

The nurses' and future pupils' bedrooms are suitably fitted, and the white enamelled furniture gives them a fresh and dainty appearance.

Downstairs, in the extensive basements, in addition to the nurses' dining-room (which, by the way, boasts of an Adam's sideboard) are large workmanlike kitchens, an ample storing accommodation, and the roomy wine cellar has been transformed into a depository for the clothes of the patients. All very delightful, but in these days of domestic difficulties, the problem of cleaning and serving this large establishment must be a difficult one.

The Matron kindly showed us the gardens, and hospitably entertained us with raspberries and blackberries which were still to be found on the bushes. The cat, Professor Gallabite, was kind enough to accompany us. We carried away the very nearly last rose of summer.

On taking our leave at the hall door we were introduced by Matron to a very young visitor aged three weeks. She introduced him to us as "the son of a hero." His young mother blushed as the Matron described how the baby's father (himself only 22) had saved seventeen lives in the Dardanelles, the last being that of his captain.

A feature of this new enterprise will be the offer of free training in midwifery to trained nurses. The entrance fee of £5 5s. will be inclusive of the examination fee. Only four pupils can be taken at one time, and after their four months' course they will be expected to serve the Council for a further two months. The Matron is, of course, flooded with applications, which will be taken strictly in rotation.

Though the Central Midwives' Board has not yet given recognition to the Hospital as a training centre, there is every hope that it will shortly do so.

The present staff consists of six, including the Matron and her assistant. Miss Edington has specialised in midwifery. She received her general training at the Mile End Infirmary, and afterwards became a Queen's Nurse, for which branch of the profession she still has a great affection. Previously to her present post she held a similar one at St. Mary's Hostel, Croydon.

PENAL CASES.

At the Special Meeting of the Board to consider charges against certified midwives, Midwife Susan Barrett (No. 19780) and Midwife Martha Hewitt were struck off the Roll, also Midwife Mary Elizabeth McGrath (No. 937), on an interim report. Midwife Mary Ann Glover (No. 2933) was severely censured.

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EDITORIAL.

CONTROL OF MESSAGE ESTABLISHMENTS.

The question of the control of massage establishments has long been one which has caused grave concern to public authorities, and it will be remembered that the London County Council, in its General Powers Act, 1915, took power for the control of Establishments for Massage and Special Treatment. On Tuesday, November 4th, the Public Control Committee reported that as a result of four years' experience in the administration of Part V of that Act, they have come to the conclusion that the Council's existing powers of control are not sufficiently stringent to effect the suppression of the serious social evil attaching to so many West End massage establishments.

It is, the Committee say, clearly in the public interest that the Council should be empowered to refuse, or revoke, a licence for reasons less stringent than those now in force.

The registration of a massage establishment in the County of London can only be cancelled by the Council, at present, if it has reason to believe (a) that the person is of bad character, or (b) that the premises are being used for any immoral purpose.

The Committee are of opinion that the Council should be empowered to refuse, or revoke a licence for conduct less unsatisfactory than the wanton acts alleged in the second ground of refusal, and that if annual licensing were insisted upon it would prove more effective in ensuring a higher standard of conduct than at present obtains in certain establishments. It considers, further, that the Council should apply to Parliament, in the Session of 1920, for power to refuse or revoke a licence on the grounds (a) that a person is under twenty-one years of age, (b) that the applicant is an unsuitable person to hold a licence, (c) that the

premises are unsuitable for the purpose, (d) that the agency has been, or is being, improperly conducted.

The Committee state that cases have come to their notice of (i) registered persons with unsuitable associates, (ii) women carrying on business for and on behalf of persons with bad characters and records, (iii) women unsuitably and immodestly attired when engaged in giving body massage to male patients, (iv) a registered person carrying on an unsuitable business in conjunction with a massage, &c., establishment, (v) a registered person exercising no supervision over the business, being practically always absent, and leaving the management to young and unqualified assistants, and (vi) the extension of a registered manicure business to include body massage in most unsuitable premises.

The Committee also consider that if the evils at which the Statute is aimed are to be effectively grappled with, a definite standard of training should be insisted upon, and that both a licensed person, or any assistant giving massage or special treatment, should be required to hold the certificate of the Incorporated Society of Trained Masseuses, a public hospital, or a teaching school approved by the "British Medical Council."

The recommendations of the Public Control Committee were approved.

What is really needed, if abuses are to be effectively dealt with, is an Act for the Registration of Masseurs and Masseuses, which, like the Midwives Acts, makes it penal to practise if unregistered, on penalty of a substantial fine.

So valuable a remedial agency as massage, a branch of the healing art practised by many trained nurses, should be purged from the discredit brought upon it by those unprofessional persons who use it as a cloak for vice.

It should, moreover, be practised under the direction of the profession of medicine.

OUR PRIZE COMPETITION.

TO WHAT USES CAN A NURSE PUT HOT WATER BOTTLES FOR THE CARE AND COMFORT OF PATIENTS? WHAT ARE THE SPECIAL POINTS TO BE OBSERVED IN THEIR APPLICATION?

We have pleasure in awarding the prize this week to Miss Grace A. Tomson, Vernon House, St. Neots, Hunts.

PRIZE PAPER.

Hot water bottles can be used in so many and various ways for the use and comfort of a patient that it is almost difficult to enumerate them all, but from personal experience I have found them invaluable for the following uses:

First and foremost, they are useful in assisting the circulation of the blood by their artificial heat when applied to the body, and perhaps particularly so if applied to the feet.

Pain is often soothed and greatly lessened by the application of one to the affected spot.

Headache is often much relieved if a rubber hot water bottle is applied to the nape of the neck.

In cases where artificial respiration is necessary, the action of the heart is greatly stimulated by the appliance of a rubber one (not too heavily filled) near the heart. After an operation, conducted under an anæsthetic, it is most essential to have at least one or more in fairly close proximity to the patient, to help to restore the natural heat of the body, but great care must be taken that they do not actually touch the skin during the time the patient is unconscious, for at that time he is not sensitive to pain, and the heat of the bottle, if touching the skin, may be causing burns, which may not be discovered till later on when the patient is conscious again and feels the pain. In cases where this has occurred, the patient has often suffered more from the effects of these burns than from the course of the operation itself.

For the first few months of the life of a premature baby a hot water bottle should always be used in its cot and perambulator, care being taken that one or two folds of blanket are placed between it and the child. A healthy child, too, is kept warmer and more comfortable with one used in the same way, though of course it is not such a necessity.

I think the latest use I have made of a hot water bottle was when I had bronchitis badly. Being in lodgings, where there was a great scarcity of coals, it seemed impossible to get sufficient hot water for my requirements; therefore I had my bottle filled with nearly boiling water as often as I could, and then,

taking out the stopper, used it as an inhaler, which purpose it served admirably.

Rubber bottles are far more pleasant and comfortable for using than stone ones, when obtainable, on account of their pliability and adaptability to any part of the body. Care must be taken to ascertain that they do not leak anywhere.

The water for filling them should have boiled, but should not be actually boiling at the moment of using. They should not be quite filled, as that would make them hard and heavy, but certainly they should be three-quarters full, for the smaller the vacuum in the bottle the longer it will keep hot, but take care to gently squeeze out all the air before putting the stopper in, and always keep the bottle in a woollen bag, as this not only ensures the heat being retained much longer, but minimises the risk of the patient getting burnt.

These same rules apply to stone bottles, too, only that they are best made warm first before using, and then quite filled with boiling water. Make quite sure that the screw stopper and washer are in good working order, so that no leakage can occur.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Douglas, Miss F. M. Heany, Miss L. D'Oyley Watkins, Miss C. Cowley-Brown, Miss P. Thomson, and Miss M. Matthews.

Miss A. Douglas writes:—"The three main uses of hot water bottles are (1) to maintain warmth, (2) to produce warmth, (3) to alleviate pain. . . . To relieve pain caused by internal congestion, as in indigestion, heat is invaluable, and hot water bottles are the cleanest and easiest way of applying it. The heat draws the blood to the surface, so relieving the congestion."

Miss C. Cowley Brown writes:—"Hot water bottles are a great stand-by for nurses, and all who are helping in illness. Almost all illnesses or accidents call for extra warmth. They are applied (1) for relieving shock, (2) in cases of collapse, (3) warming beds for operation cases, (4) in helping to maintain vitality in premature babies, (5) in cases of hyper-pyrexia when the feet are often very cold, and when it is necessary to relieve the blood pressure on the brain, (6) for drying plaster cases when a fire or other means are not available."

QUESTION FOR NEXT WEEK.

What are the physical defects for which a nurse or midwife should look in washing a newly-born infant? From what do they arise, and what is her duty in regard to each.

NURSES' DAY.

We hear the Nurses' Organisations have determined to hold a Reunion if the Nurses' Registration Bill passes into law, with consent. Such an historic function, let us hope, will not be long deferred. It is to be a real Nurses' Day, to open with a special church service of thanksgiving, and to end with a *Conversazione* to meet the Immortals and all the great Nursing Pioneers in history.

INTERNATIONAL NEWS.

We hear from Miss Emily Haswell, Matron, Comité Britannique, Croix Rouge Française, that she has had a delightful time in the "States." She has met many charming women, amongst them Professor Adelaide Nutting and Miss Anna Maxwell, and has gathered much useful information on nursing affairs.

Miss Haswell spent a whole day at Teachers' College, and has also attended many lectures there on nursing and social subjects, delivered under such sympathetic guidance. She has also visited many splendid hospitals, and was greatly impressed with the social service work at the Presbyterian Hospital, where Miss Maxwell and Miss Young most kindly explained this wonderful system of help outside the sick wards.

Miss Haswell returns to Europe via Liverpool this month, so we shall hope to hear full details of her delightful visit to America, where hospitality has been showered upon her, and where she has gathered much information of professional, and general, interest.

TRAMPLED IN THE GUTTER.

The Burdett press emanates from the gutter, and the fact that at last a nurse has had the courage to trample it underfoot at a public meeting of nurses is peculiarly appropriate. Naturally, Sir Henry Burdett casts mud wildly around in his gutter press last week. To repudiate his scurrilous attacks would be waste of good ink. No one attaches the slightest importance to his mendacious statements, his *bêtes noires* the "Fenwicks" least of all. Our advice to Trade Union Nurses is to refuse to be bullied by lay exploiters running "Nursing" Journals.

NURSING ECHOES.

A remarkable cinematograph film entitled "The End of the Road," is about to be released in this country, with the authority of the National Council for Combating Venereal Diseases, and the approval of the Ministry of Health. A special exhibition of this film is being shown on November 7th, at the Alhambra Theatre, at 3 p.m., to members of the London County Council and the Local Authorities of the Home Counties, as well as representatives of the national Press, so that they may have an opportunity of seeing the new undertaking before it is open to the public. The cinematograph film has immense possibilities as an educational factor, which we do not doubt will be brought into very active use in the near future.

The Slum Areas Committee, a sub-committee of the Housing Advisory Council appointed by the Minister of Health, has got to work. The terms of reference are:—

To consider and advise on the principles to be followed in dealing with slum areas, including the circumstances in which schemes of reconstruction, as distinct from clearance, may be adopted, and, as regards cleared areas, the extent to which re-housing on the site should be permitted, and the use of the site for factory or other purposes than housing.

The procedure to be adopted by the Committee was settled. They will examine representative witnesses with experience of actual slum clearance and reconstruction work, and those possessing special knowledge of the problems involved. It was also decided to visit in due course typical slum areas.

Trained district nurses can give a helping hand here. Many of them just love the slums, and by that we do not mean they approve of them, but it is in the slums much of their priceless help has been given for years. We wonder if there is a Queen's Nurse on this Slum Areas Committee. She could a tale unfold.

The middle classes are at last arousing themselves on the skilled nursing question. It is high time they did, as owing to shrinking incomes, the present fees of doctors and nurses cannot be paid by them. But there are millions of middle class people in this country who, by co-operation, can help themselves if they choose. Let them co-operate, and the thing is done. If no one puts out a plan, once the

Nurses Registration Bill is on the Statute Book we will suggest a remedy, which, if well organised, would do much to supply their needs.

At the quarterly meeting of the Governors of the Norfolk and Norwich Hospital the report stated that "Dr. and Mrs. Burton-Fanning have presented the sum of £750 to the Hospital in memory of their daughter Beris, for the establishment of a 'Beris Burton-Fanning Nurses' Aid Fund.' This sum will be invested, and the interest therefrom will be used for the purpose of assisting any members of the Hospital Nursing Staff who may require financial or other help; the chairman of the Board of Management, the chairman of the Nursing Committee and the Matron will administer this fund." To Dr. and Mrs. Burton-Fanning, who lost their eldest son and daughter during the war, the Governors of the hospital expressed their deep sympathy.

We learn also that the work of the nursing staff during the war has again been recognised by the award of the Royal Red Cross second class to Sisters M. W. Millar and E. J. Jackson. These will probably be the last awards of this nature; and it is a matter of congratulation that one Royal Red Cross first class and seven of the second class have been awarded during the war to members of the nursing staff for work at the hospital. The report also stated that £13,000 is the result of the tombola which was organised in July.

The nursing staff at the Redhill Infirmary, threatened to leave the institution in a body if the Board of Guardians did not provide them with more comfortable quarters when off duty. Nurses Denny and Atkinson attended the board meeting on October 30th as a deputation, and stated that all the nurses had written out their notices, and would hand them in if something was not done immediately for their comfort. It was stated that the sitting-room was used as a mess room, and meals were served all day long, with the result that when a nurse was off duty she could not have comfort and quietude except in her bedroom. As the infirmary was some distance from the quarters the staff asked for goloshes and cloaks to protect them in wet weather. The Board ordered the Works Committee immediately to take steps to find more comfortable quarters, and provide the nurses with goloshes and cloaks. A request was made for some music, and it was decided to raise a fund by subscription to purchase a piano.

FRENCH FLAG NURSING CORPS.

The following forty Sisters who served for three years, and upwards, as members of the French Flag Nursing Corps have been presented by the Committee with gold wrist watches and bracelets, as a memento of their devoted work for the sick and wounded of the magnificent French Army, to which they were attached as Nursing Sisters during the Great War, 1914-1919. This gift is made possible under the arrangement entered into with the Comité Britannique, Croix Rouge Française, when it generously undertook to finance the Corps and agreed to the suggestion of the Hon. Treasurer, Mrs. Bedford Fenwick that the surplus of the original fund should be placed on deposit until the end of the war, and expended on a gift for those who should have served, for not less than three years, until demobilised.

NAMES OF NURSING SISTERS.

Sister	Hilda Gill.
"	Christina Mitchell.
"	Dora Simpson.
"	Annie McKinnon (Croix de Guerre).
"	Ellen Bennett.
"	Catherine M. Richard.
"	Annie Willetts.
"	Jean Macaulay.
"	Mabel Conway-Gordon.
"	Louisa M. Mooney.
"	Sarah Hallam.
"	Martha L. Mann.
"	Florence Burn.
"	Dora Barlow.
"	Mary Sutton (Croix de Guerre).
"	Agnes M. Park.
"	Margaret Stuart Nairne.
"	Winifred Lewis.
"	Edith Wadsworth (Croix de Guerre with Star).
"	Celia Perkins.
"	Eleanor Turnell.
"	Katherine M. O'Leary.
"	Anna B. Banks.
"	Lucy B. Giles.
"	Dorothy Sainsbury (Croix de Guerre).
"	Annie Roberts.
"	Daisy Pope.
"	Helen E. Canning.
"	May Dunlop.
"	Mabel C. Jones (Croix de Guerre).
"	Evelyn Bright Robinson.
"	Dorothy E. Coppin.
"	Lilian C. E. Maize.
"	Judith M. E. Smith.
"	Jean McGibbon Campbell (Croix de Guerre with Star).
"	Mary C. Clarke.
"	Gertrude E. Denson.
"	Nelly Branch.
"	Edith A. Post.
"	E. Adine H. Wood.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee was held at 431, Oxford Street, London, W., on Thursday, October 30th, Mrs. Bedford Fenwick in the Chair.

After the routine business, the Chairman reported the gist of a Conference held by invitation of the Minister of Health with the Executive Committee of the Central Committee for the State Registration of Nurses, on the principal points in the Government's Registration Bill now under consideration. Mrs. Fenwick expressed the hope that the text of the Bill would soon be in print for further consideration, when it would be found that many of the basic principles for which they had worked so long would be incorporated.

The principle of self-government for registered Nurses was to be generously provided for, which, after all, was the most important principle involved in legislation.

The question of one Bill for the United Kingdom, with National Boards, or complete devolution by separate Bills for England, Scotland, and Ireland, is being discussed by the Ministries of Health in England, Scotland, and Ireland, and there is a very strong feeling amongst doctors and nurses in favour of one Bill, if Departmental objections can be overcome.

THE PROFESSIONAL UNION OF TRAINED NURSES.

TOWN AND GOWN.

We hear that a trio of College members are attempting to work up opposition in the hope of creating dissension at the meeting of the Professional Union of Trained Nurses, convened for the purpose of placing its aims and objects before nurses, and the public, at the King George's Hall (London Central Y.M.C.A.), Tottenham Court Road, on Friday, November 7th (this week). Those members of the profession who are demanding the right to organise a society registered as a Trade Union, must realise that they will not be permitted to do so in a peaceable manner, but must run the gauntlet of the creatures of their employers and their subsidised press. This, however, will not, we feel sure, injure their cause in the long run, which is the cause of liberty of speech and action for working women.

Every member of the College Company has agreed to its Serf Clause, whereby the Council (composed almost entirely of employers and their officials) can remove her name from the register of members without appeal. In dealing with the dissentients, do not let self-respecting nurses forget this fact. We cannot prevent "collegites" abasing themselves—presumably in self-interest—but they must not be permitted to deprive their more disinterested colleagues of freedom of action.

"THE NOBLEST OF ALL PROFESSIONS."

Here we have the type of advertisement which on and off has been appearing in the *Times* for two years. No wonder the members of the "Noblest of all professions" are locked upon as paupers by the public and excluded from representation by Government Departments on Councils dealing with their national service. It is scandalously unjust.

CHARITIES AND APPEALS.

2/- a line.

THE

NATION'S FUND FOR NURSES DESERVES YOUR HELP BECAUSE

It has established scholarships for the Training of Sister Tutors at the University of London. It is maintaining in Homes and other Institutions Nurses shattered mentally and physically.

It asks you to help to endow the College of Nursing (Limited by Guarantee), to equip a specially trained Sister Tutor for every training School for Nurses in the Kingdom, to help Local Centres for Nurses, to ensure adequate payment for those who practise the noblest of all professions, to provide a Tribute Fund for the relief of all Nurses, whether members of the College of Nursing or not, who are in need of assistance in sickness or old age.

SEND A CONTRIBUTION to the Hon. Treasurer, The Viscountess Cowdray, at 16, Carlton House Terrace, London, S.W. 1; or 32, North Audley Street, W. 1.

(Registered under the War Charities Act, 1916.)

THE IRISH NURSES' ASSOCIATION.

The usual monthly meeting of the I.N.A. was held at the Association Rooms, 34, St. Stephen's Green, Dublin, on Saturday November 1st. Miss Reeves, R.R.C., President, in the Chair. There was a good attendance of members. The usual routine business was transacted. It was decided that the Minister of Health for Ireland be asked to receive a deputation from the Irish Nurses' Association to discuss the question of State Registration for Irish Nurses. Several Lectures were arranged for the ensuing Session.

IRISH NURSES' UNION SUCCESSFUL DEMAND.

In response to a circular of the Irish Nurses' Union, *Birr Guardians* granted £10 increase to the midwives of the union. The demand was for a salary of £75 a year, rising by increments to £100.

MASSEUSES AND A ROYAL CHARTER.

Notice is given in the *London Gazette* that a petition praying for the grant of a Royal Charter incorporating the Society of Trained Masseuses and the Institute of Massage and Remedial Gymnastics by the name of "The Chartered Society of Massage and Medical Gymnastics," has been presented to His Majesty in Council. All petitions for or against such grant should be delivered at the Privy Council Office on or before December 1st.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

CAGES.

A STUDY IN MENTAL HYGIENE.

Several letters have reached us this week, dealing with what might be regarded as a problem in mental hygiene—the tendency of the mind to get into grooves and to lose the elasticity which enables it to view a question from every point of view, to turn it inside out and to scan it against the background of that particular period of the world's evolution in which it arises. How many people, for instance, through the force and determination of their own thought, can muster sufficient energy to get to the roots or source of some existing evil, how many have the courage to break the chains of self-interest and to dare to thrust out egoism in order to view some given situation from the platform of public well-being alone? The word "freedom," as it applies to the individual, is one of the most difficult words to define, but it implies anyhow the conquest of fear and the acquirement of the power of independent thought; the first is more easy of attainment than the last. It is so difficult to take all the old-established ideas and beliefs, all the so-called "scientific facts" that we have stored away in our brain boxes as irrefutable, to turn them out of those brain boxes and to examine them with the eye of unprejudiced thought. Yes; it is difficult to take them out and, if you do, you have to reckon with the fact that it will prove impossible to fit them all in again. Yet, what were brains given for but to think with? They contain other centres besides those for automatic muscular movement and memory.

At the present time, the large majority of people live in mental cages; they have been carefully brought up in such cages, taught to send their thoughts in certain directions; and, if they happen not to have that saving grace—a hobby—many of them tend to become at last very little better than warmed-up corpses until, perhaps, at last some rude shock ruffles their treadmill or eider-down existence, as the case may be, and they find that some tremendous precipice has to be bridged to bring them into line with the trend of modern thought. The realization that a great wide world, outside the circumscribed limits of their own vision, is in the throes of adjusting its parts to the general evolution is not always a pleasant one to them—the wider vision is some-

what fearsome and they close down the doors of their cages; it is more comfortable not to take the ideas out of the box for critical examination. The attitude that what "everybody says" must be right may be all very well sometimes, but the opinion of one person who will face some question, turn it outside in and examine it with unprejudiced thought from every aspect and in a broad-minded, large-hearted and unselfish way, is much more likely to be right than the views of the ninety-and-nine who choose the line of least resistance and follow what appears to them the obvious and less thorny path.

It is not, however, to be for a moment inferred that the "obvious" path is always the wrong one; but when a crisis arrives, be it for an individual or for a class, it behoves those concerned to look beneath the flotsam we call public opinion, and to teach the brain to form its own individual opinion, while at the same time maintaining sufficient control to keep a sane outlook on life, to strike the balance which neither adopts a standpoint that is far behind evolution, nor rushes to such extremes as to turn what might be forces of good into avalanches of unmitigated evil.

The ease with which books are obtained at the present-day is, to a great extent, responsible for the upbuilding of many mental cages. Not for a moment do we belittle the benefits which arise from bringing the writings of great minds from throughout the ages within easy reach of the masses, but the continual outflow of books sometimes means that our minds get more or less filled only with the shadows and reflections of what are the results of the mental strivings of others, instead of developing creations and conceptions all our own. He who would use his body for the purpose for which it was given to him—his soul's development—must be something better than a mere member of a group soul. He must learn to develop the possibilities and activities of his own mind, to give up merely existing on the opinions of others and basking in the warmth of their approbation, must learn to face everything—knowledge, politics and everyday life—with that awakeness which will bring clear vision and courage to take a share in the long march forward in evolution towards that goal, when every individual will have learned how to put into practice the finest lesson in mental hygiene that ever

was written, "love thy neighbour as thyself." For mental hygiene, as it is preached in this materialistic age, is too much bound up with considerations as to diet, fresh air, sleep and the adjustment of the hours for the activities of the different brain centres. It means far more; it means training the brain to use its centres for thought and reason and judgment just as actively and readily as it does those concerned with either memory or automatic movement.

MEETING OF THE GENERAL COUNCIL.

A meeting of the General Council was held on Thursday 23rd ult. The report of the Executive Committee dealt chiefly with matters relating to the Registration Bill, as did also the subsequent discussion in the Council. The Treasurer's report showed a heavy expenditure due largely to the part which the Association has taken in the effort to obtain legislation for the protection of the fully-qualified nurses.

PRINCESS CHRISTIAN MILITARY HOSPITAL.

The Princess Christian Military Hospital at Englefield Green has now been closed down and the nursing staff have left it with many regrets. This splendidly equipped hospital was established early in the war by Her Royal Highness the Princess Christian, who has taken a very active and personal interest in it. When at Cumberland Lodge she sometimes visited the Hospital twice in each week and the patients were both surprised and pleased with her interest in them and her intimate knowledge of the treatment in each individual case. The Hospital was beautifully situated in a part of Windsor Great Park and looks across the woodlands to Virginia Water. The wards were bright and well-equipped, and the rooms provided for the staff, pretty, charming and restful. Three thousand four hundred patients have been treated in the Hospital and, as 2,900 of those came direct from the front, many cases were exceedingly bad ones. It speaks volumes for the efficiency of the Hospital and its staff that there have only been seventeen deaths in the whole time.

Miss Sumner, R.R.C., and a Member of the Council of the Association, has made an ideal Matron and has been very popular with the nursing staff. She has been in many lands, has touched life in many places, and takes a keen interest in many branches of modern thought apart altogether from professional affairs. Perhaps this versatility accounts to some extent for her broadminded and large-hearted attitude towards nursing questions as they concern the whole profession.

TRAINED NURSES' ANNUITY FUND.

Her Royal Highness the Princess Christian has graciously consented to open the Sale of Work on behalf of the Trained Nurses' Annuity Fund on Friday 28th inst at 12 noon. Mrs. Montague Price has very kindly arranged for the sale to take

place at 67, Eaton Place, and we ask the nurses to set aside their off duty time on that afternoon in order to attend. We take this opportunity to thank all members of the R.B.N.A. who have sent gifts and subscriptions for the sale in aid of the funds of the T.N.A.F. Many beautiful pieces of work have been received, and the charges will be quite moderate so we hope that, as Christmas time is approaching, the members will try as far as possible to purchase their gifts at the Annuity Fund's sale and thus benefit many of their less fortunate fellow nurses.

CORRESPONDENCE.

Whilst welcoming communications from its Members the Corporation does not hold itself responsible for individual expressions of opinion.
To the Secretary R.B.N.A.

DEAR MADAM,—I enclose a contribution to the General Purposes Fund and when I think of all the R.B.N.A. has meant to, and done for me in the past ten years, I wish I could afford to make it £100. It is now over ten years since I landed in London from Australia—a colonial member of the R.B.N.A. with no other friend than the Association and you were the newly elected Secretary.

I so often meet British Sisters who say they once joined the R.B.N.A. and paid a guinea—no, a 5s. subscription—for the privileges and protection of working under a Royal Charter, but since then they have been too busy or careless to keep up their membership, or for politic reasons have joined other Associations. It surprises them not a little to learn that in democratic Australia and New Zealand, where the nurses have some voice in the economic management of their own affairs, the power for the good of the workers which exists in the Royal Charter was recognised 15 to 20 years ago as being a protection equal to, or surpassing that of a professional trades union, and this led to some of our leading schools taking steps to affiliate us to the Royal Corporation in England.

Since reading of the brave stand taken by the R.B.N.A. and the many Associations affiliated to it in the Central Committee's Bill for State Registration, the Colonial branches will be prouder than ever of their relationship to the parent Association. It has been truly said that "there is no one so democratic as the real aristocrat," and it is the instinctive knowledge of this in the Briton at home and abroad which makes him throw up his hat and say, "Long live the King!" And so say we who are members of the R.B.N.A., "Long live the R.B.N.A.!" royal indeed in its policy of "Noblesse oblige" towards the working nurse.

Might without right sometimes appears to triumph, but just as it is "the little leaven which leaveneth the lump," so in the end will right prevail, as exemplified in the recent war between Germany and the Allies.

Yours gratefully, M. R.

D.N., A.R.San.I., late Sister Q.A.I.M.N.S.R.
October, 1919.

(Signed) ISABEL MACDONALD,
Secretary to the Corporation.

APPOINTMENTS.

MATRON.

Kent County Ophthalmic Hospital, Maidstone.—Miss Dorothy May Milton has been appointed Matron. She was trained at the General Infirmary, Leeds, and has been Theatre Sister at Leicester Royal Infirmary, and Sister and Lady Housekeeper at the General Infirmary, Leeds. Miss Milton was called up for War Service in 1918, and was attached to the Royal Naval Nursing Service.

Union Infirmary, Birkenhead.—Miss H. Josephine Harkin has been appointed Matron. She was trained at the St. Pancras Infirmary, and has been Superintendent Nurse of the Coventry, Bromley, and Hartlepool Infirmaries, and Assistant Matron at an Edinburgh War Hospital.

ASSISTANT MATRON.

American Red Cross Maternity Hostel, Bermondsey.—Miss Laura Janet Wills has been appointed Assistant Matron. She was trained at the Walton and Mill Road Infirmarys, Liverpool, where she afterwards held the position of Sister. She has also been Sister at the Manor War Hospital, Epsom, and is a certified midwife.

HOME SISTER.

Kilmarnock Infirmary.—Miss Emily Kay has been appointed Home Sister. She was trained at the Leeds General Infirmary, and has held the position of Sister at the Royal Hospital, Richmond, Surrey, and Sister at the Royal Hospital Portsmouth. For the last nine months she has been Assistant Housekeeper at the Royal Hants County Hospital, Winchester.

SISTER OUT-PATIENTS AND MESSAGE DEPARTMENT.

Essex County Hospital, Colchester.—Miss J. E. Whittam has been appointed Sister of Outpatients and Massage Department. She was trained at Guy's Hospital and has been Ward and Night Sister at the Essex County Hospital, Assistant Matron at the Taunton General Hospital, and has done war service as a member of the Territorial Force Nursing Service at Plymouth and in France. She holds the certificate of the Incorporated Society of Trained Masseuses.

HEALTH VISITOR.

County Borough of Northampton.—Mrs. F. H. Smith has been appointed Health Visitor. She was trained at Ilford Isolation Hospital, and at the Township of South Manchester Hospitals, and has held the positions of Staff Nurse at the Fever Hospital, Birkenhead, and District Staff Nurse and Midwife at the Maternity Hospital, Plaistow. She holds the certificate of the Fever Nurses' Association, and is a certified midwife.

Borough of Weymouth.—Miss Ellen C. Adams has been appointed Health Visitor. She was trained at the Victoria Hospital, Burnley, and at the Alexandra Maternity Hospital, Devonport. She has held the position of Health Visitor in the Borough of Yeovil.

Miss Beatrice Loveday has also been appointed Health Visitor under the same authority. She was trained at a Derby Hospital, and at the Birkenhead Maternity Hospital, and has since held the position of Health Visitor in South Hampshire.

LONDON COUNTY COUNCIL.

Miss L. Charles who was employed continuously as a "Supply Nurse" under the London County Council at the College Lane School, Hackney, S., from September, 1918, till the closing of the schools

for the summer holidays, resumed work in the same capacity on the re-opening of the schools.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Annie Barlow is appointed to Liverpool (West) as Superintendent; Miss Isabel E. Eacott to Birmingham (Moseley Road) as Superintendent; Miss Millicent Tansley to Newport Home, Shropshire, N.F., as Superintendent; Miss Isabel N. Callaway to West Sussex C.N.A., as Assistant Superintendent; Miss Eva Maguire, to Kent C.N.A., as Assistant Superintendent; Miss Agnes M. Stanford to East Sussex C.N.F., as Assistant Superintendent; Miss Lilian E. Adams to Kingswinford; Miss Catherine Casey to Windsor; Miss Edith Crowden to Newhaven; Miss Mary Gladwin to Millwall and Cubbitt Town; Miss Annie Griffiths to Southwick and Fishersgate; Miss Margaret Heritage to Brixton; Miss Liliac S. Moore to Ellet; Miss Rose E. Paling to Radcliffe; Miss Daisy F. Tough to Darfield; Miss Gladys N. Wide to Taunton; Miss Cecilia Worthington to Manchester (Ardwick).

DISTRIBUTION OF CERTIFICATES AND PRIZES.

An interesting ceremony took place at the North Evington Infirmary, Leicester, when certificates and prizes were presented to members of the nursing staff. The proceedings took place in the new dining hall, and the Mayor and Mayoress, Alderman and Mrs. Lovell attended.

Mr. Gibson, the Chairman of the Infirmary Committee, presided, and the prize given by Mrs. Gibson to the nurse who obtained the highest number of ward marks during the year, was awarded to Miss Gwendolen Augusta Yates.

The nurses at this Infirmary undergo a full four years' course, and become qualified in all branches of the profession, including midwifery, massage, sanitary science, and invalid cookery, thus certificates of training were awarded, after passing the necessary examinations, to Nurse Fanny E. Wood, Sister Ethel May Bramley, Nurse Kate Tipper, Sister Grace Elizabeth Berdinner, Sister Amy Dexter, Nurse Margaret Annie Jackson, Nurse Hylda Castle Bowes, Nurse Harriet Gladys Fudge, and Nurse Evelyn Mary Cragg.

Many prizes were awarded by the Matron and the Medical Superintendent.

The Mayor, Mayoress and Dr. Hadley spoke in appreciative terms of the standard of nursing demanded in the North Evington Infirmary, the latter saying that they had no failures in the examination by the Central Midwives Board.

COUNCILLOR KENT.

Our readers will learn with pleasure that Miss Beatrice Kent was elected, as a Municipal Reform candidate in Ward No. 5 in the Borough of St. Pancras, in the Borough Council Election. Miss Kent has taken an active interest in social questions, which she has studied both in this country and in America, and her knowledge as a trained nurse should make her counsel most valuable in considering the health questions with which the Borough Council will have to deal. We congratulate Ward No. 5 and also Councillor Kent. We have not so far heard of the election of any other nurses.

PROFESSIONAL REVIEWS.

When "A Complete System of Nursing," by Miss A. Millicent Ashdown was first published we reviewed it at length in this Journal, and commended it to our readers. A proof of the soundness of this advice is that a second edition has already been called for, and this new and revised edition is now issued by the publishers, Messrs. J. M. Dent & Sons, Ltd., Aldine House, Bedford Street, London, W.C.2., price 12s. 6d. net, which contains many illustrations and practical diagrams. A presentation edition, printed on superior paper, and bound in half leather, is also obtainable at £1 1s. net.

Another attractive volume published by this firm is "Dent's Medical Dictionary," by Dr. W. B. Drummond, F.R.C.P.E. Medical Superintendent of the Baldovan Institution, Dundee. The price is 10s. 6d. and it would be a valuable addition to Nurses' Libraries; we think the hope of the author expressed in his preface is well founded that it "will supply in concise form the information concerning our advances in medical knowledge which every enquiring mind desires from time to time." The author also hopes that many of the articles will supplement the doctor's advice, and enable his directions to be carried out more faithfully and intelligently. The book contains a manikin in colours, four coloured plates, and some 400 illustrations. The dictionary should prove a most useful book of reference to probationers in training, as well as to trained nurses, students and others.

BOOK OF THE WEEK.

"DEADHAM HARD."*

The literary merit of this book is beyond question, and this is, of course, what we have the right to expect from the pen of such a distinguished author as Lucas Malet. The story is of the period of the latter part of the 19th century, and Deadham Hard, round which the story circles, was the Wiltshire residence of Sir Charles Verity, and his only and charming daughter Damaris, born in India at the time of the Mutiny, where her father had then held the position of chief commissioner of Bhutpur.

The girl Damaris recalling her childish homesickness for the land of her birth, says:—

"I did not like being here at all at first. I thought it a mean place, only fit for quite poor people to live in. The house seemed so pinched and naked without any galleries or verandahs, and I was afraid because we had so few servants, and neither doorkeepers or soldiers. The sunshine was pale and thin, and the dusk made me sad. At Bhutpur the sun used to drop in a flame beyond the edge of the world, and night leap on you. But here the day took so long dying."

From the time Sir Charles returned to inhabit

it, the Hard was transformed. Now after the great achievements of his Eastern career he found retirement congenial. The affection between father and child, as family gossip disapprovingly hinted, appeared to trench on exaggeration, the affection returned was of kindred quality, fervid, self-realised, absorbing, and absorbed. Both father and daughter had a touch of hauteur in their manner, which added rather than detracted from their attraction.

It therefore came as a violent shock to Damaris when she discovered suddenly by accident that D'Arcy Faircloth, the handsome son of Mrs. Faircloth at the Inn, was also the illegitimate son of her adored father.

She had been rescued in a perilous situation by the young man while paddling by herself on the beach, and in the stress of emotion he reveals to her his identity.

"Are you not the son of Mrs. Faircloth, who lives by the Inn out by the black cottages?" she asks mystified. "But Mrs. Faircloth is a widow, I have heard people speak of her husband. She was married."

"But not to my father. Do you ask for proofs, just think a moment. Who did you mistake me for when I called you?"

"No, No," she protested, trembling exceedingly. "That is not possible. How could such a thing happen?"

"As such things mostly do happen. They were young and they were beautiful. They met and, God help them, they loved."

"No, no," Damaris cried again.

"Can you deny," he asks, "that my parentage is stamped on my face?"

Exposure to chill and the shock of her discovery threw Damaris into an illness which threatened to be serious, and it was while she was laid low that she had it out with her father.

The passages describing her state bordering on delirium are cleverly written.

"The beloved photographs of her father in particular were cruel. They grew inordinately large, stepped out of their frames, and stalked to and fro in troops and companies. The charcoal drawing of him was the worst offender. It did not take the floor, it is true, but remained in its place upon the wall. Yet it, too, came alive. The eyes asked what she (Damaris) meant to say, meant to do, when he, her father, the all powerful Commissioner Sahib of her babyhood's faith and devotion, came home."

Returning to consciousness she greets her father sitting by her bedside and comes straight to the point.

"You cut deep, my dear," Sir Charles said quietly, still holding the curtain with one hand. Damaris flung herself over on her face.

She was pleading for her brother's right of inheritance.

"I only want to do what is right," she cried, her voice half-stifled by the pillows. "You know, surely you know, how I love you, Commissioner Sahib, from morning till night and round till

* By Lucas Malet. Methuen & Co., London.

morning again, always above all, ever since I can first remember. But this is different to anything that has ever happened to me before, and it wouldn't be right not to speak about it."

She will not allow her father to utter his self-reproach.

"No, no," she implored him; "don't say that. I can't bear to have you say it—to have you speak as if you had been, could be, anything but beautiful towards me." She gets out of the difficulty by saying rather foolishly, "I begin to understand that a man's world is different to *my* world. . . . I know what is right for myself, but it would be silly to believe mine is the only rightness."

She should have set a higher standard than this for the "dear man with the blue eyes" whom she accepts as her husband at the close of the book.

H. H.

FROM "SOLITUDE."

Laugh, and the world laughs with you.

Weep, and you weep alone;

For the sad old earth must borrow its mirth,

It has trouble enough of its own.

Sing, and the hills will answer.

Sigh, it is lost on the air;

The echoes bound to a joyful sound,

But shrink from voicing care.

Ella Wheeler Wilcox.

COMING EVENTS.

November 7th.—Professional Union of Trained Nurses (Registered under the Trades Union Act). Mass Meeting, King George's Hall (London Central Y.M.C.A.), Tottenham Court Road. 2.30 p.m.

November 12th.—Central Midwives Board. Monthly Meeting. 1, Queen Anne's Gate Buildings, Westminster, S.W. 1. 2.30 p.m.

November 13th.—Central Midwives Board. Penal Cases. 10.30 a.m.

November 15th.—Meeting of the Central Committee for the State Registration of Nurses, Council Chamber, by kind consent of the British Medical Association, 429, Strand, W.C. 2.30 p.m.

November 15th.—Nurses' Missionary League. Sale of Work, 52, Lower Sloane Street. 10 a.m. to 6 p.m.

November 28th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness Princess Christian, 67, Eaton Place, S.W., by kind permission of Mrs. Montague Price. 12 noon.

A WORD FOR THE WEEK.

"Jimmie Higgins had lived all his life in a country in which his masters starved and oppressed him, and when he tried to help himself, met him with every weapon of treachery and slander. So Jimmie had made up his mind that one capitalist country was the same as another capitalist country, and that he would not be frightened into submission by tales about goblins and witches and sea-serpents."—*From Jimmie Higgins.*

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

"THE OLD PILOTS."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Oldest and most skilful of pilots, I note in last week's issue that Dr. Fulton proposes we nurses should "drop" our old pilots and permit "new ones to step upon the bridge." When we pioneers think of the shoals and rocks our "old pilots" have skilfully avoided, whilst steering the State Registration Ship these many years, surely we are neither such fools or such ingrates as to "drop the pilot" just as our storm-tossed vessel is coming safe and sound to harbour!

Presumably Dr. Fulton knows nothing of nursing history, and our registration struggle, for the whole thirty years we nurses have been up against the intolerance of hospital governors and their lay edited press—the attacks on the R.B.N.A., the nobbling of our Charter after it was won, the attempt of Guy's Hospital officials and City magnates to control us through the incorporation of its scheme for the Higher Education of Nurses (now the College of Nursing, Ltd.), the London Hospital Directory of Nurses Bill, sprung upon us in the House of Lords, the College of Nursing Company and its rival Bill fathered by the Treasurer of Guy's in the House of Lords, and its wrecking of our Bill in the House of Commons. Are the "old pilots" who have steered us clear of all these manifold dangers not deserving of our warmest confidence, gratitude and admiration? In the opinion of every honourable nurse who knows the history of her profession for the past thirty years they are, and let us thank God for them.

Yours very truly,

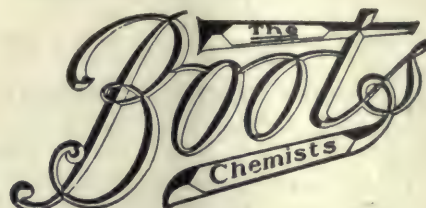
HENRIETTA HAWKINS.

THE NURSES' CURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I agree with "A. Giffen" that the Lay Nursing Press, promoted by hospital governors and from which they make enormous profits, are the Nurses' curse. They are controlled by laymen and lay editors, who pervert the truth, and by outrageous personal abuse intimidate working women. They are first and last out for filthy lucre, and we shall never be free until we follow the splendid example of Mrs. Rogers and trample these scurrilous rags in the mire. Let each nurse who values her liberty of conscience begin from to-day and boycott this "Curse." It is the nurses' pence which make the Lay Nursing Press a financial success; if they did not read it, advertisers would not provide huge profits for our tyrants. The fact that the "College" subsidises these publications weekly is the surest proof of its

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SIR JESSE BOOT,
Managing Director.

SOLE AGENTS

Head Office: STATION ST.,
NOTTINGHAM.

unprofessional management and danger to the freedom of trained nurses. I have got two friends to discontinue paying for the lay nursing papers this week. Let every nurse who realises their danger to economic independence do likewise.

Yours truly,

A MEMBER BART.'S LEAGUE.

KERNELS FROM CORRESPONDENCE.

Poor Law Nurse.—"May I beg the favour of your advice? There has been a recent Army Order issued (copy enclosed) to the effect that a bonus should be paid to those retained on military service (which we were until May, 1919). On application for same we were told by the Paymaster that we were not eligible, as we were employed by the Guardians before the war, although we were commandeered with the Infirmary for a military hospital, and our salaries have been paid by the Guardians at Army rates, and recovered from the Army Funds."

[It appears from your statement that the treatment you have received is most unjust. We should advise any Poor Law nurses discriminated against in the way you describe to write to the Secretary of State for War (acquainting him with the facts) and ask for just treatment.—ED.]

Miss Gretta Lyons, Melbourne.—"I find much pleasure and interest in THE BRITISH JOURNAL OF NURSING, and would miss it very much if I did not get it. I pass the copies on to the Nurses' Club, and the members say they enjoy getting the English nurses' views, and not that given by the lay press."

State Registrationist.—"I see the full Council of the Newspaper Society have unanimously passed a resolution in support of Lord Northcliffe's attitude during the late strike, in which they incorporate the statement: "The freedom of the Press has become one of the bulwarks of our popular liberties, and it must be maintained inviolate against all attempts to infringe it, from whatever quarter proceeding."

"Of all classes the workers, whose privileges have been built up by its aid, should be most zealous in vindicating the principle of a free Press."

How about the abominable boycott for years of the Harmsworth and other capitalist press, of the cause of the working nurse—her State Registration demand, and appeal for better economic conditions? Freedom indeed! This press has done everything in its power to prevent the public knowing the truth; and boomed in return every sort of detestable method of suppressing our freedom—College Company, Actresses' Charity Appeal, the Nation's Fund for Nurses, Competition of the Society Amateur, and V.A.D.'s. At last there is a glimmer of truth filtering through the "ad" barricade. I am glad to note that the new movement, the Nurses' Trade Union is not to be boycotted—even by the implacable "suppress press."

An Old Organiser.—"We are all very human! Apparently the only thing to 'Wake up Nurses' was to touch their pockets. So long as they did not recognise a pickpocket in the hospital manager of the past, they were content. But the 'Duchess Matron', the untrained Commandant, and the V.A.D. posing as voluntary workers, and doing very well on national funds during the war, have opened their eyes, and now that war is over they are in no mood to submit to the patronage of the Society woman and competition from her partially-trained protégées. At least, that is what I gathered from the angry cries of 'Down with the College!' from the audience, with which the Nurses' Trade Union meeting closed on October 25th last."

Exploited Nurse on Private Staff.—"I was glad to hear Miss MacCallum tackle the abuse now so widespread in the hospital world of exploiting private nurses at the Trade Union meeting. It is certainly scandalous that hospitals should continue to make money from farming out private nurses on terms with which nurses cannot compete outside. At the recent annual meeting of Governors of this hospital not one word appeared in the report of the profit made out of us. Everyone who had subscribed a guinea was lauded to the skies, but we nurses who have each given £25 at least through our work were, of course, ignored. The Professional Nurses' Union will do well to attack this abuse as soon as it is formed. Our Matron considers the system 'quite justifiable.'"

From a Leading Training School.—"Matron warned most of us against going to the Trade Union meeting at Mortimer Hall. Has she a right to do so? [Ask the Committee.—ED.]

A Trained Nurse asks the following question: "Would any reader of the *British Journal of Nursing* kindly let writer have particulars of the femur beds in use lately in Army hospitals in France and England? Can one be seen or purchased in England? Enquiries at surgical makers' shops so far are fruitless, and the bed is needed badly for a heavy, helpless, private case." Please reply through Journal.

OUR PRIZE COMPETITION.

QUESTIONS.

November 8th.—What are the physical defects for which a nurse or midwife should look in washing a newly-born infant? From what do they arise, and what is her duty in regard to each?

November 15th.—What are the probable causes of otorrhea, and how would you nurse such a case? What complications might arise, and how would you recognise them?

HOW TO HELP THE B. J. N.

1. Subscribe for it.
2. Send news to it.
3. Patronise our advertisers.

The Midwife.

THE AMERICAN RED CROSS MATERNITY HOSTEL.

The new Maternity Hostel which is located at 110, Grange Road, Bermondsey, although it has been formally opened, will not receive its first patients until next week.

The large, well-built house which has been taken for the purpose is well suited to the needs of the hostel, and can accommodate twelve patients, the largest ward containing 6 beds.

The floors throughout have been stained and polished by some secret American process which ensures that they will not need polishing again for three months—this, of course, will be an enormous saving of labour.

The beds are covered with white quilts with a red cross in the centre. The cots for the infants, which stand beside the mothers' beds, are of the Aylesbury collapsible pattern. They stand on trestles and are covered in white canvas which is so made that it can be easily slipped off the framework and washed. The little mattress, also covered in canvas and stuffed with wool, can also be washed, so that an entirely fresh and clean cot can be easily secured at any time.

The walls are enamelled with white Paripan and the rooms, which are bright and simply furnished,

look out upon a large garden at the back. The labour ward contains all that is necessary, and is fitted with regard to economy. The steriliser, which is large enough to take the bowls, is of the fish kettle type, and is heated by a lamp.

The wicker receiver for the baby is of the fisher creel pattern, and is both convenient and easy to handle.

On the top floor are the rooms for the staff, and the Matron's room promises to be quite charming when she has had time to arrange her pretty things.

Down in the basement are roomy kitchens and plenty of storing room. There is a lift for the food, which is, of course, a great advantage both from the view of labour-saving and also of ensuring hot meals.

The self-governing hot-water circulator is a great feature, as a constant supply is automatically guaranteed both day and night. When the water is sufficiently hot the gas which heats it goes out, and lights itself again when the water begins to cool. A treasure indeed!

The hostel is for married women only. Each patient has to pay a minimum of £1 is. weekly.

Already the applicants for booking are far in

excess of the accommodation for some time to come.

The Matron, Miss Jessie Holmes, was trained at



MISS JESSIE HOLMES.

Matron American Red Cross Maternity Hostel, wearing Mons Ribbon, with baby wearing its father's Mons Medal.

the Kensington Infirmary and took her maternity work at the York Road Lying-in Hospital.

She holds diplomas for massage and dispensing. During the war she worked at Caen for four years. She is also a member of the R.B.N.A.

No doubt the equipment of the hostel owes very much in efficacy and economy to her clever management.

A large sum of money was given to this venture by the American Red Cross, which accounts for its name.

The boon of this institution to the crowded neighbourhood in which it is situated cannot be over-estimated.

QUEEN MARY'S MATERNITY HOME.

Her Majesty the Queen has decided to apply part of her "Silver Wedding Shower" (gifts promoted by Queen Mary's Needlework Guild) to the provision of a Maternity Home for from 16 to 20 mothers, of both the working and professional classes, which will be known as Queen Mary's Maternity Home.

Lord Leverhulme has placed the site for the permanent home at the "Paddock," adjoining Hampstead Heath, at Her Majesty's disposal, and whilst it is being built Cedar Lawn, which, during the war, was lent by Lord Leverhulme for the purpose of a military hospital, will be temporarily used.

The Queen desires that the Home shall be used for the benefit of the wives and children of men who have been serving with His Majesty's Forces. We understand that Her Majesty is in favour of the provision of maternity homes and hospitals in all parts of the country, and her action in establishing the Home at Hampstead will no doubt arouse interest and stimulate action in this direction.

MIDWIVES AND IRISH NURSES' TRIBUTE FUND.

"A Maternity Nurse" writes as follows in the *Irish Independent* :—

"Miss O'Neill draws the attention of the public to the fact that midwives are to be deprived of their share in the tribute fund to nurses. Were the midwives excluded from attending to the hundreds of cases of influenza or trench fever when this country was so severely stricken? I did not rest for more than two hours at a time during three weeks' nursing, and if I could have got a dozen more midwives, who are invaluable trained women when sickness is about, I would have done so and could have kept them busy. Could the subscribers not be made acquainted with this fact and let them decide to whom their money is to be applied?"

We feel sure even if not trained in general nursing, this maternity nurse did her best in an emergency, but midwives are not trained nurses, and are far too often confused with them, especially by lay persons running County Nursing

Associations, and the doctors employing them as nurses.

We are not inferring that midwifery is not equally honourable work with nursing, but that the one class has no right to assume the skill and knowledge of the other when they do not possess it.

CURIOUS CUSTOMS.

Mr. Eric Robertson, M.A., relates in "Wordsworthshire" that "Some curious customs attached to Cockermouth Church. For instance, it had a midwife licensed to it, and her duty was not merely to superintend the ushering of children into the world, but to see that these little ones were (privately or publicly) baptised. There still exists a silver baptismal font, inscribed, 'The gift of Mrs. Ann Peill, Midwife to the Church of Cockermouth, for the use of Baptism, May 23rd, 1772.'"

Each sexton of Cockermouth on devolving duty to his successor, was bound to hand over the public shroud, the public coffin, and two "shuffles" (shovels). It had been actually frequent for the bodies of poor people to be wrapped in this common shroud and put into the parish coffin for conveyance to the grave, by the side of which the human clay was deprived of its brief cold decencies, and tumbled stark into the ground. A curious light this throws upon a rubric of the Burial Service.

"When they come to the Grave, while the Corpse is made ready to be laid into the earth, the Priest shall say, or the Priest and Clerk shall sing, 'Man that is born of a woman hath but a short time to live, and is full of misery.'"

This custom of burying the dead without coffins pertained in the Kendal region as late as the beginning of the eighteenth century.

The Dalesman, for social reasons, regarded his two counties (Cumberland and Westmorland) as broken up into numerous *Latings*. "To late" meant "to invite"; a Lating was a group of neighbours, reasonably considered as within hail of each other. When any one died, two elder persons from each house in the Lating came to condole with the relatives; the younger friends arrived to "wake" the body. Mourners took away from the funeral, for consumption in their own homes, little memorial loaves ("arval-bread"). Many houses had a corpse door, only used for a funeral, and thereafter walled up again, to keep the spirit out—a reminiscence of Viking feeling. When a birth occurred, all the married women of the Lating assembled in the birth-house and feasted at their own cost. At a "Bidden Wedding" the Lating turned out en masse, most of the folk on horseback. As soon as the service in Church was over, the younger horsemen galloped a race to the bride's door for a ribbon. Football, wrestling, tossing the caber, and later, singing, and cards, made up the entertainment, while bridegroom and bride sat for hours in state to receive presents of money or utensils, for the housekeeping in the new home.

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EDITORIAL.

REVERENT REMEMBRANCE OF THE GLORIOUS DEAD.

They shall not grow old, as we that are left grow old.

Age shall not weary them, nor the years condemn,
At the going down of the sun and in the morning
We will remember them.

As the stars that shall be bright when we are dust,
Moving in marches upon the heavenly plain;
As the stars that are starry in the time of our
darkness,

To the end, to the end, they remain.

LAURENCE BINYON in the *Times*.

The message issued by the King "To All My People," inviting them to join in a special celebration of the first anniversary of the cessation of war, met with universal response, for His Majesty's invitation was the outcome of his knowledge of the desires of his subjects, gained by himself and the Queen through their close and sympathetic identification with the sorrows of the nation during the years of agony of the Great War.

THE KING'S MESSAGE. TO ALL MY PEOPLE.

Tuesday next, November 11th, is the first anniversary of the Armistice, which stayed the world-wide carnage of the four preceding years, and marked the victory of Right and Freedom. I believe that My people in every part of the Empire fervently wish to perpetuate the memory of that Great Deliverance and of those who laid down their lives to achieve it.

To afford an opportunity for the universal expression of this feeling it is my desire and hope that at the hour when the Armistice came into force, the eleventh hour of the eleventh day of the eleventh month, there may be, for the brief space of two minutes, a complete suspension of all our normal activities. During that time, except in the rare cases where this

may be impracticable, all work, all sound, and all locomotion should cease, so that, in perfect stillness, the thoughts of everyone may be concentrated on reverent remembrance of the Glorious Dead.

*No elaborate organisation appears to be necessary. At a given signal, which can be easily arranged to suit the circumstances of each locality, I believe that we shall all gladly interrupt our business and pleasure, whatever it may be, and unite in this simple service of Silence and Remembrance.

GEORGE, R.I.

Throughout the kingdom, and in many instances to the far-flung bounds of Empire the King's wish was observed. In London, where services were held at St. Paul's Cathedral and in many other Churches, a great silence fell as the message of the maroons was hushed, traffic stopped, trains came to a standstill, hands to the salute, while thoughts were concentrated on reverent remembrance of the Glorious Dead.

For the dominant note of the simple services which followed the Silence was one of proud thanksgiving for the splendour of the lives so freely offered for the Empire, and the exultation found expression in psalms and hymns of praise, concluding with the National Anthem.

To the laurel-crowned Cenotaph in Whitehall, over which was laid the Flag which the heroic dead had defended with their lives, tens of thousands converged. In the place of honour was the wreath of laurels and yellow immortelles, tied with a broad crimson ribbon, bearing in the King's handwriting the inscription:

**"In Memory of the Glorious Dead."—From
the King and Queen. Nov. 11, 1919.**

Piled high around were gifts of distinguished statesmen, sailors, soldiers, civilians, nurses, kinsmen, friends, and little children—tokens of honour, gratitude and affection "In Remembrance."

OUR PRIZE COMPETITION.

WHAT ARE THE PHYSICAL DEFECTS FOR WHICH A NURSE OR MIDWIFE SHOULD LOOK IN WASHING A NEWLY-BORN INFANT? FROM WHAT DO THEY ARISE, AND WHAT IS HER DUTY IN REGARD TO EACH?

We have pleasure in awarding the prize this week to Miss E. O. Walford, 235, Maldon Road, Colchester.

PRIZE PAPER.

Physical defects for which a nurse should look in washing a newly-born infant are:—

1. *Defects of head*, such as anencephalus, hydrocephalus, microcephalus, caput succedaneum, cephalhaematoma, cranial hernia or meningocele, encephalocele, fractured skull, indentation of skull bones, hare-lip, cleft palate, tongue tie, facial paralysis, torticollis, tumours of neck.

2. *Defects of body*, as spina bifida, hernia, imperforate anus, hydrothorax, abnormally large shoulders.

3. *Defects of limbs*, as too many, too few, or partly defective limbs, fingers or toes; club foot, fractures, dislocations, paralysis, particularly Erb's paralysis.

4. *Defects in genital organs*, as adherent labiae, contraction of prepuce.

5. *Skin eruptions.*

1. *Defects of head—*

Anencephalus.—The cranium and brain are missing, and the neck is generally shorter, and the shoulders larger than usual.

Hydrocephalus is an excess of cerebro-spinal fluid in the cranial cavity. The head is large and soft, and the bones of the cranium are separated.

Microcephalus.—The head is much smaller than normally.

Caput succedaneum is a swelling which forms on the presenting part, due to pressure on the surrounding parts forcing serum into the loose tissue between the skin and the pericranium. It denotes the severity of labour, and also shows what the presentation was. The caput succedaneum usually disappears without treatment in a few days. The swelling does not fluctuate. It is generally situated over a parietal bone, and may cross a suture.

Cephalhaematoma is a swelling which forms on the presenting part, due to exudation of blood between the pericranium and bone. Being bounded by the pericranium it never crosses a suture, though more than one cephalhaematoma may occur. It also differs from a caput succedaneum in that it fluctuates. As a rule a cephalhaematoma gradually disappears without treatment.

Cranial hernia resembles a cephalhaematoma, and is a soft tumour which appears at a suture. It contains the membranes covering the brain.

Encephalhaematoma, which also appears at a suture, is a tumour containing brain substance.

Fractured skull may be caused by pressure in delivery by forceps. The posterior parietal bone is depressed, and meningeal hæmorrhage occurs.

Indentation of skull bones is due to pressure caused by (a) long labour, (b) large head, (c) contracted pelvis; or (d) delivery by forceps.

Hare lip is a single or double division of the upper lip.

Cleft palate is a single or double division of the palate.

Tongue tie.—The tip of the tongue is attached by the fraenum so tightly to the mouth that the child cannot suck.

Facial paralysis is caused by pressure on the facial nerve during delivery, and usually disappears within a few weeks.

Torticollis is due to pressure on, or a rupture of, the sterno-mastoid muscle, and may be caused by pulling the head to deliver the shoulders, or by difficulty in delivering the aftercoming head.

Tumours of neck are due to degeneration of lymphatics.

2. *Defects of body—*

Spina bifida is a tumour which forms over the spine. It contains cerebro-spinal fluid, and is due to imperfectly formed vertebra or vertebrae.

Hernia is the protrusion of a part of the small intestine, and usually occurs at the umbilicus and into the cord.

Imperforate anus is caused by the mucous membrane growing across, either at the anus or in the lower bowel.

Hydrothorax is a collection of fluid in the chest.

3. *Defects of limbs—*

Club foot.—The foot is generally extended and inverted.

Dislocations or fractures may be due to difficult delivery, especially in a breech presentation.

Erb's paralysis is caused by pressure on the brachial plexus, either in bringing down the arm in a breech, or bringing down the shoulders in a head presentation.

Inform the doctor of any defect. Protect tumours or swellings of any description from pressure.

Where the defect prevents the child from sucking, as in some cases of facial paralysis, hare lip, &c., feed it with a spoon or a pipette.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Farthing, Miss Grace A. Tomson, Miss L. Young, Miss Catherine Wright, Miss M. Barnes, Miss P. James.

QUESTION FOR NEXT WEEK.

What are the probable causes of otorrhœa, and how would you nurse such a case? What complications might arise, and how would you recognise them?

DR. ADDISON INTRODUCES GOVERNMENT BILL FOR THE STATE REGISTRATION OF NURSES.

On Thursday, November 6th, Dr. Addison, Minister of Health, introduced, without explanation, the Government Bill for the State Registration of Nurses into the House of Commons. As we go to press the printed Bill is not on sale, but it has been announced in the Press that the Bill has been drafted after a number of conferences which have taken place between the Ministry of Health and various nursing associations, and that the Bill provides for a professional council to supervise the standards of training and to take charge of the registration of nurses. It is expected that the second reading will be taken at an early date.

THE ROYAL BRITISH NURSES' ASSOCIATION AND THE NURSING PAGEANT.

We learn that it is probable that the Royal British Nurses' Association—the only Royal Chartered Corporation of Women in the Empire—will organise a Pageant of Nursing History early in the New Year, should the Nurses' Registration Bill pass into law this Session. And that this interesting piece of work may be carried out by the Consultative Committee, formed of delegates from the affiliated Nurses' Organisations, Mrs. Bedford Fenwick has placed at the disposal of the Royal British Nurses' Association the text (which is copyright) of the "Pageant and Masque on the Evolution of Trained Nursing, and the Right of Life to Health," created and designed by her, and for which Miss Mollett wrote the words in fine heroic English. This Pageant was presented at the Connaught Rooms, London, on February 18th, 1911, and was described by Lord Amphill, the Patron (Chairman of the Central Committee), as "the most poetic Procession he had ever seen."

The Pageant consists of five Processions:—

1. Procession of Immortals, led by Hygiea, Goddess of Health.
2. Procession of Saintly Women and the Nursing Orders.
3. Procession of Matrons, preceded by a banner, inscribed "Education."
4. Procession of Nurses, preceded by a banner, inscribed "Nursing and the Community."
5. State Registration Procession. Banner inscribed "State Registration" and "We Want Legal Status."

The Pageant of 1919 will differ somewhat from that of 1911, but as yet the details have not been considered. Much water has flowed under London Bridge in the past eight years, and Nursing History must be brought up to date.

COVERING.

The assistant secretary of the College of Nursing, Ltd., stated in *The Lancet* of October 11 that she could see no reason why the nurse-anæsthetist should not become equally expert both in theory and practice as the medical officer," and that "in France it was the general opinion of the surgeons that the nurse was reliable—in fact, often more reliable than the available men anæsthetists."

Mr. Dudley W. Buxton, F.R.C.S., the eminent anæsthetist, expresses the opinion in *The Lancet* of October 18 that:—

There is an aspect of this subject which your leading article of September 27th does not envisage. To give a nurse the charge of the anæsthetic is to commit the offence of "covering." The General Medical Council has on more than one occasion visited with exemplary punishment medical practitioners who have administered anæsthetics for operations undertaken by unregistered persons, whether these assumed the rôle of a surgeon or a dentist. Presumably the converse—i.e., for a qualified person to seek the aid of an unqualified one to act as anæsthetist—is equally reprehensible. Such a procedure is allowed in cases of emergency when no qualified man is accessible, but this exception does not invalidate the law's contention that an act of covering is an indictable offence. It may be urged that in the practice of obstetrics a nurse is commonly called upon to assist with the anæsthetic, but even here the act is illegal, although perhaps condoned by custom, since an element of emergency arises in such cases and the medical attendant usually anæsthetises the patient, although he may allow the nurse to "carry on."

In present circumstances, committing the anæsthetic to a nurse, however highly trained, is to admit the principle of unqualified practice. This leads to a very wide door being opened to unqualified practice by not only highly trained nurses, but

by unqualified men and women whose training is less complete and whose ideals are less desirable. It may be considered by some that the individual acting as an anæsthetist should be merely an adjunct to the operator, but since the latter has quite enough to worry him if he gives his undivided attention to the operation, his supervision of the anæsthesia is only perfunctory and so useless as a safeguard against mischance. Those who know anything about modern anæsthesia recognise that the mere handicraft aspect of the subject is the least important. To be an anæsthetist one must be a physiologist, a physician, and a surgeon, since the physiological knowledge compels familiarity with the action and interaction of the agents employed; the possession of a physician's acumen enables the anæsthetist to gauge the condition and resistive power of the patient towards the anæsthetics employed, while only surgical experience can enable the anæsthetist to know the requirements of the operator, the necessities of the operation, and to really assist, *qua* anæsthesia, the surgeon's manipulative skill. Can any training short of the full medical curriculum really give an honest basis to the person who sets forth to learn how to anæsthetise?

It is futile to suggest that because some nurses and V.A.D.s have proved themselves clever as handicraft anæsthetists, while many medical men have revealed inefficiency in this department of practice, that therefore the former class should be entrusted with the care of patients who have to face the risks of anæsthesia. No medical man without training is a satisfactory or safe anæsthetist. Theoretically every medically registered person is competent to perform any major operation, give any anæsthetic, or undertake an iridectomy. However, comparatively few can do any of these things properly. Indeed, some bone-setters are better at the manipulative work than many surgeons, but they lack the foundation of training in pathology necessary for the superstructure of the application of knowledge to practice. This is equally true as regards anæsthetics and their uses.

We agree entirely with this expert expression of opinion, based on scientific accuracy. No doubt certain V.A.D.s consider themselves as capable of performing the duties of the medical practitioner as they do those of the trained nurse and matron! Do not let us follow in their footsteps, but rather remain on the side of the angels!

IN MEMORY OF TWO HEROINES.

The Brussels Court of Justice has decided to convert the cells of the St. Gilles prison occupied by Miss Cavell and Mlle. Petit, both of whom were shot by the Germans, into a museum.

The clothes, books, and a few other possessions of these two brave women have been collected and taken there. Tablets draped in flags commemorating their heroic deaths have been placed on the doors of both cells, while inside the cells are portraits of the heroines wreathed in flowers.

NURSING ECHOES.

An important position in the nursing world in Ireland, now vacant, is that of Lady Superintendent Nurse of the Belfast Workhouse Infirmary and Fever Hospital, an institution containing 1,600 beds. The commencing salary is £175, rising to £225, with uniform, rations, and apartments. There are also vacancies for Charge Nurses at a salary of £52 10s., with war bonus of £19 10s. and the usual emoluments. Full particulars will be found in our advertisement columns.

Many hospitals and infirmaries are now accepting V.A.D.s for a three years' instead of a four years' term of training. The fact is that "training" is restricted in the majority of hospitals and infirmaries to three years, and the fourth year exacted is one of skilled service in return for free training. We certainly think the patients benefit by this arrangement, otherwise a sufficient number of skilled staff nurses would not be procurable to supplement the ward sisters, but many complaints have reached us lately that the hospital authorities retain the certificates earned after the three years' course and examination until the end of the fourth year's service. This is not justifiable, and will no doubt in the future have to be discontinued. Imagine the feelings of the nurses who enter for training with V.A.D.s to find them awarded their certificates, won at the same time, and their own retained by the matron for a further twelve months. Just the sort of action which would encourage the whole batch to join a trade union. We are of opinion that every nurse should be handed her certificate with some degree of ceremony at the end of her third year of training. Surely honourable women are to be trusted to fulfil their contract of service. In the future, conditions may be so altered when registration is in force that nurses will not wish to hurry away from their Alma Mater.

The knowledge that most of the Women's War Service Units are now being rapidly disbanded, combined with the fact that in many offices the female clerical staff is being dispensed with in favour of demobilised soldiers, is doubtless causing much anxiety to many well-educated girls to whom the prospect of unemployment comes as a serious problem. A great number of these, however, might well turn their attention to a nursing career, for

with the establishment of the Ministry of Health, which will necessarily increase all activities in relation to health matters, comes the call for a great number of additional nurses, and the future holds forth the prospect of plenty of work to do both at home and abroad.

The recent shortening of working hours in most of the Nursing Institutions throughout Scotland has resulted in the need for an increase of staff in General and Fever Hospitals, Sanatoria, Asylums, etc., so that there are many additional openings for those who wish to enter as probationers.

Ex-V.A.D.s and well-educated girls of good physique, therefore, who wish information with regard to vacancies are invited to communicate with the Secretary of the Scottish Nurses Demobilisation and Resettlement Committee, 112, George Street, Edinburgh.

Nurses resident in the city and county of Cork have held a most enthusiastic meeting and formed the Cork Nurses' Association. The Chairman congratulated the gathering on the fine attendance, and said there were many reasons why trained nurses and probationer nurses should combine and unite, as their fellow-men and women, in all spheres of life, were doing, and, as a matter of fact, had done already. They were all familiar with the success that attended such organisations, which were solely responsible for the better living conditions of the workers. Nurses, on the other hand, who were up to the present unorganised, carried on their arduous duties under difficult conditions. This was a lamentable state of affairs, and it depended upon themselves how long it was going to last. The organisation which they intended forming that day would remedy all that.

A delegate drew attention to the ever-increasing number of untrained persons who were being sent out daily on cases from the different agencies in town. This was not only detrimental to the nursing profession, but even more so to the general public, who had to pay the same fees to an unskilled person. After considerable discussion it was unanimously decided to communicate with the nursing agencies in town, requesting them to remove from their "waiting lists" the names of untrained ladies. In connection with this it was further decided that trained nurses would, in future, refuse to work with unqualified women.

The meeting then proceeded to elect a committee. The members of the committee were

given full powers, together with the officers, to draw up rules and other details for the proper working of the Association.

FLORENCE NIGHTINGALE MEDAL.

At an International Conference of Red Cross Societies held at Washington in 1912, it was decided to establish a medal both as a memorial to Miss Florence Nightingale, and to give international recognition to outstanding work by Trained Nurses in all parts of the world. A Committee was appointed by the International Red Cross Committee in Geneva to make the necessary arrangements. It was originally decided that not more than six of these medals should be distributed, either annually or in alternate years, to the six most deserving Trained Nurses, to be selected by the International Committee from recommendations submitted by the various national Red Cross Societies, accompanied by particulars showing the grounds on which each recommendation is made. Owing to the outbreak of the war in 1914, the first awards of this medal were postponed, and the International Committee have now informed the British Red Cross Society that it is intended to award fifty of these medals in January, 1920, and has requested the Society to submit their recommendations before the end of the year 1919.

To enable the Society to comply with this request it is necessary to ask that the names of Trained Nurses who have, especially during the war, proved themselves to be exceptionally deserving of recognition, may be brought to the notice of the British Red Cross Society. Full particulars of the services on which the recommendations are made and the names of the officials who can personally vouch for the accuracy of the information given should be forwarded as early as possible, and in no case later than November 30th, for consideration and selection. Recommendations should be sent (marked on the outside "Nightingale Medal") to the Secretary, British Red Cross Society, 83, Pall Mall, London, S.W.1.

QUALIFICATIONS FOR MEDAL.

The medal, which will be issued early next year by the International Red Cross Committee at Geneva, is in silver and enamel consisting of a portrait of Florence Nightingale, "The Lady with the Lamp," with the words "Ad Memoriam Florence Nightingale, 1820-1910." On the reverse surrounding a space reserved for the name of the recipient, is the inscription: "Pro vera misericordia et cara humanitate perennis decor universalis." The medal is attached to a white and red ribbon on which is displayed a laurel wreath in green enamel surrounding a red cross on a white ground. The distribution of the medal is confined to fully-trained nurses who must hold a full nursing certificate from a recognised training school of not less than 100 beds.

HONOURS FOR NURSES.

CHEVALIER OF THE LEGION OF HONOUR.

Miss E. M. Pye, who at the outbreak of war was the Organising Secretary of the National Union of Trained Nurses, and took an active part in the provision of trained nurses for the Front, has been made a Chevalier of the Legion of Honour. Miss Pye subsequently worked for the "Friends" at Chalons-sur-Marne and did good service in helping to evacuate the patients from a maternity hospital under shell fire in 1917. Many of her friends will wish to congratulate Miss Pye on this great honour.

DISTINGUISHED SERVICE MEDAL, U.S.A.

The Distinguished Service Medal has been awarded to Miss Dora E. Thompson, Superintendent of the Army Nurse Corps, U.S.A. This honour will be a great source of pride to every member of the Corps, as in decorating their Chief, the Secretary of War has conferred honour on them all.

Miss Thompson's work at Washington during the war, without glamour and glory has accomplished far-reaching comfort for the sick and wounded at the fronts, where American men fought with so much valour.

Miss Thompson has been granted extended leave of absence, and Miss Julia C. Stimson, Dean of the Army School of Nursing, has been assigned as Acting Superintendent during her absence.

Miss Julia Stimson has also been awarded the Distinguished Service Medal. The Citation reads:

Miss Julia C. Stimson.—For exceptional meritorious and distinguished services. As chief nurse of Base Hospital No. 21, she displayed marked organizing and administering ability while that unit was on active service with the British Forces. Her devotion to duty was exceptional while she was chief nurse for the American Red Cross in France. Upon her appointment as director of nursing service of the American Expeditionary Forces, she performed exacting duties with conspicuous energy and achieved brilliant results. Thousands of sick and wounded were cared for properly through the efficient service she provided.

THE PATRIOTIC SERVICE MEDAL.

Miss Clara D. Noyes, President of the American Nurses' Association, and acting director of the Department of Nursing, American Red Cross, has been decorated "for services of high and inestimable value to her country and its wounded," with the Patriotic Service Medal of the American Social Science Association and the Council of the National Institute of Social Sciences, one of the highest honours to be bestowed for military service.

Miss Noyes, as head of the Red Cross Field Nursing Service, had charge of the assignment of the thousands of Red Cross nurses who volunteered for war service.



MISS PYE AND REFUGEES—CHALONS-SUR-MARNE.

SUITABLE TRAINING FOR DISABLED NURSES.

The Women's Branch of the Training Department, Ministry of Labour, have been authorized to arrange for the training of disabled nurses in accordance with the terms of the Royal Warrant. The persons eligible are nurses in receipt of a pension under that Warrant, who, by reason of their disability incurred on military service, are prevented from following their former occupation. The Department will arrange for a certificate in all cases to be obtained from the Ministry of Pensions Medical Officer as to the candidate's fitness for the new occupation in which training is proposed. Nurses wishing to obtain the training should apply to the Controller, Women's Training Branch, Ministry of Labour, St. Ermin's Hotel, Westminster, S.W. 7. All letters should be marked "Disabled Nurse."

**THE MATRONS' COUNCIL OF GREAT
BRITAIN AND IRELAND.**

The Quarterly Meeting of the Matrons' Council was held at 431, Oxford Street, London, W. 1, on Friday, October 31st. The President, Miss M. Heather Bigg, R.R.C., was in the Chair, and there was a good attendance of members.

The correspondence received included a letter from Lord Amphil, acknowledging a letter of appreciation of his work for the cause of Nurses' Registration sent to him on behalf of the Matrons' Council; also letters from Miss Hester Maclean, Matron-in-Chief of the New Zealand Army Nursing Service, and Assistant Inspector of Hospitals, New Zealand, stating that she hopes, ere long, to hear of the success of the Nurses' Registration Bill in the House of Commons, from Miss Vida Maclean, Military Hospital, Trentham, notifying that she had been transferred to New Zealand, and conveying to the members of the Matrons' Council her sincere thanks for the courtesy they extended to her while in England, and regretting that, owing to the exigencies of service, she was unable to take a more active interest in its work. From Miss M. Thurston, Matron-in-Chief of the Nurses with the New Zealand Expeditionary Force, who stated that she would like to see the Nurses' Registration Bill through, in this country, before she returned to New Zealand.

Applications for membership were considered and dealt with.

The appointment of Miss Annie E. Hulme as second delegate of the Matrons' Council on the Executive Committee of the Central Committee for the State Registration of Nurses was confirmed.

At the request of the Chairman, Mrs. Bedford Fenwick, Hon. Nurse Secretary of the Central Committee, made a Report on a Conference held at the Ministry of Health, by request of the Minister, with the Executive Committee of the Central Committee, to discuss the chief points of his Nurses' Registration Bill. Provisional action was taken thereon.

Miss T. Bickerton, R.R.C., Matron of the Prince of Wales Hospital, Tottenham, then spoke on the Economic Position of Trained Nurses, and the Report of the National Council of Women on this subject, which has been published in this Journal. The speaker said that, as a result, most probably of the efforts of nursing organisations which are endeavouring to improve the conditions of work and the position of nurses generally, a very considerable interest had been aroused in circles outside the nursing world.

Those present then adjourned for tea.

ANNIE E. HULME,
Hon. Secretary.

**NATIONAL COUNCIL OF TRAINED
(REGISTERED) NURSES OF GREAT
BRITAIN AND IRELAND.**

The Annual Meeting of the above Council was held at 431, Oxford Street, London, W., on Thursday, November 6th. The President, Mrs. Bedford Fenwick, was in the Chair. After the Minutes were read and confirmed the President gave a short report of the progress of the State Registration Movement during the past year, which had culminated at last after thirty-two years' struggle, in the pledge of the Government to bring in a Bill for the Registration of Trained Nurses, the text of which was now under consideration—a most satisfactory, if long delayed, result of the earnest and self-sacrificing work of the Nurses' organisations in the promotion of this reform.

A letter was read and sympathetically considered from Miss Alice Reeves, President of the Irish Nurses' Association, on the proposed exclusion of Ireland from the Nurses' Registration Bill, expressing the opinion that it would be a very serious thing for Irish Nurses both in England and Ireland if excluded from the Bill. Miss Reeves invited the support of the Council for the inclusion of Irish Nurses, as the Irish Nurses' Association had worked all through with the Central Committee for State Registration.

The Council was in full sympathy with the inclusion of Ireland if politically possible.

THE FINANCIAL REPORT.

The Financial Report showed a balance of £21 1s. 10d., the expenditure for the year having only amounted to £7 3s. 1d., the result of voluntary management.

HONORARY OFFICERS.

Miss Christina Forrest was re-elected Hon. Treasurer, and Miss B. Cutler, Hon. Secretary, and the Presidents of the Matrons' Council, the Irish Nurses' Association, and the National Union of Trained Nurses, were re-elected to *ex officio* seats on the Council.

THE INTERNATIONAL OUTLOOK.

A letter was read from Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, sending a cordial invitation to the Executive Officers of the International Council, from the American Nurses' Association, to meet at the Biennial Convention of the A.N.A., April 5th-10th, 1920, at Atlanta, Georgia, to "Confer upon the International Outlook."

The meeting decided to do all in its power to send a representative, and as the President was unable to attend, it was agreed that Miss Margaret Breay, the Hon. Treasurer of the International Council of Nurses, should represent the National Council's views at Atlanta, as it was considered of the utmost importance that a representative of Organised Nursing opinion from the United

Kingdom, should take part in this important Convention—the first since the cessation of war.

Miss Breay expressed her pleasure that this honour should be conferred upon her, and agreed to accept the invitation if possible. The delegates did justice to the excellent tea served by Sister Cartwright, and of course talked "Registration," the while, though unknown to them, the Minister of Health was introducing his Bill for the State Registration of Nurses into the Mother of Parliaments.

BEATRICE CUTLER,
(Hon. Secretary).

THE CENTRAL COUNCIL FOR DISTRICT NURSING.

The Central Council for District Nursing in London was formed in 1914.

The objects of the Council are to systematise the arrangements for District Nursing throughout the County of London and to secure the adequacy and efficiency of such nursing. In the course of their efforts to fulfil this object, the Council have found that a real need exists amongst the District Nursing Associations in regard to the provision of supernumerary nurses at times of special pressure.

At the meeting of the Council in 1918 it was accordingly agreed:

"(a) That a register be kept by the Central Council, in which should be recorded the name, address and training of nurses who are willing to serve for part of the year . . . (b) that no nurse be added to the register who has had less than three years' approved training, and that experience in District Nursing be also taken into account."

The consideration of the matter was postponed by the Executive Committee during the year which followed on account of the impossibility of securing nurses during the War.

From the advertisement which appears in this issue, it will be seen that the Council now propose to establish a register of Emergency Nurses from which the various Associations can draw in case of exceptional sickness and times of emergency.

It is hoped that many of the nurses who have recently been demobilised, together with other nurses who are so situated as to be prepared to undertake occasional duty although unable to engage themselves for regular work throughout the year, will be willing to put themselves into touch with the Central Council with a view to aiding the District Nursing service of London in the way suggested.

COLLEGE OF NURSING, LTD.

A HOPEFUL SIGN.

The members of the Northumberland and Durham Centre of the College of Nursing, Ltd., at their last monthly meeting at Newcastle passed the following resolution:—

"This meeting desires to offer its sincere sympathy to the trained nurses who recently applied for the post of assistant matron at a pensioners' hostel in the city, in the invidious position in which they were placed when a war probationer was appointed to the post, with the usual salary of a trained assistant in a small hospital. On the outbreak of war it was explained to trained nurses that temporary war probationers and V.A.D. members would not, after the war was over, be placed in positions usually held by trained nurses."

Thousands of nurses were persuaded to join the College by their matron's influence, by the argument that if they did not do so at once, V.A.D.s would compete with trained nurses after the war, and now they find that through British Red Cross influence these amateurs are being promoted over their heads. The above resolution is the first sign that members of the College are awakening to the economic competition already in their midst. We hope they will rouse themselves still further and demand from the College Council an explanation of its futility so far as the interest of the rank-and-file is concerned, and if no redress is possible let them wake up on the Trade Union ticket and manage their own affairs.

QUEENS CANUTE.

The following letter appeared in the *Manchester Guardian* on November 10th. The day the College Company was founded to organise the Nursing Profession under lay control, and nominated an oligarchy of some forty hospital officials to control it, many nurses realised that the hour had struck for them to establish a Nurses' Union to govern themselves.

A TRADE UNION FOR NURSES.

SIR,—An account has appeared in the press of "A Professional Trade Union for Nurses." We feel, unless the other side is put before your readers, they will think the majority of nurses are in favour of this union. We wish to point out that the large mass of nurses are distressed by the tone of the speakers at these meetings. The College of Nursing gives all the benefits suggested by the union except the power to "strike," and so long as we remain true to our nursing ideals the strike can never be a weapon used by us; we want still to feel that our work is "service through sacrifice."

Many vast and needed improvements are coming about by the quiet work of the College of Nursing, and we never want a trade union to raise a barrier between us and our patients.—Yours, &c.,

E. BURGESS, Trained Nurse, Milverton Lodge, Victoria Park.

A. BURGESS, Matron, Crumpsall Infirmary.

E. S. PILGRIM, Inspector Queen's Nurses, Lancashire area.

E. M. SMITH, Superintendent of Nurses, Nell Lane Military Hospital.

M. E. SPARSHOTT, Lady Superintendent of Nurses, Royal Infirmary, Manchester.

We commend the story of King Canute to these signatories!

THE NURSES' TRADE UNION.

A largely attended meeting was held at King George's Hall, Tottenham Court Road, W.I., on Friday, November 7th, to discuss the Professional Union to be registered under the Trades Union Act, Miss Maude MacCallum occupied the chair, and, on calling the meeting to order specially invited expressions of opinion from those not in sympathy with the Trade Union movement.

She said further "I never object to criticism. Frankly I think it does a lot of good, but there must be a proper limit to it. Some people would appear to be desirous of doing their utmost to prevent this Trade Union being formed. Let me assure them here and now, that their efforts are useless. This Trade Union is going to be formed, and, furthermore, it is going to be a gigantic success." (Applause).

After emphasising the fact that the movement emanated from the rank and file of nurses, Miss MacCallum continued: "*The Hospital*, which I understand is under the same management as the *Nursing Mirror*, comes out in its issue of November 1st, with a bitter and malignant attack against us. (Shame). I do not intend to descend to the depth to which the editor of that paper has thought fit to go. I think in the main his references can be treated with indifference. The inferences to be drawn, and the innuendoes to be attached to that article are absolutely false, and entirely misleading." The writer had, she said, singled out ladies for attack, and had even gone so far as to threaten and warn one of them. They had worked zealously for the nurses for years past, and the attack which had been made upon them would assuredly recoil upon their attackers. Time would prove her words, and she had no hesitation in saying that the great work which they had done and were doing to-day, would make their names memorable in the history of nurses.

She advised the editor of the papers referred to to endeavour to raise his future literary efforts on the subject of the Nurses' Trade Union to one which approached a responsible editorial level. She had received offers of help, and great encouragement from all over the country, and from abroad, and in one letter, from another professional Union, the writer said, "We should like to know who you are and all about you. I am encouraged to think well of you by the bitter attacks made upon you by the *Hospital* and *Nursing Mirror*."

Nothing but good could come of the Union they were about to form. No patients need think they would suffer. On the contrary, if possible, they would receive better attention, and it was idle for anyone to suggest that the Union would do anything to hurt or harm those to whom they were called to minister. The Union was going to bring about a betterment of everything connected with nursing, not only for the nurses, but also for the patients. The time had come when the nurses' labour should be properly

organised, properly controlled, and their interests fully and thoroughly protected.

TRADE UNIONS MAKE THE WORLD A BETTER PLACE.

MISS HELEN KLAASSEN, a member of the National Union of Scientific Workers, said that as far as science was concerned she was a dug-out, having returned to it after many years of social work, during which she had become very interested in the economic position of nurses and midwives. She had got into touch with the National Union of Trained Nurses, and the Midwives' Institute, and she knew how courageously they went on, getting wonderfully little result. When a movement was most required it was most difficult to start.

She believed in professional Trade Unions, and that Trade Unions, more than anything else, would make the world a better place. She emphasised the fact that such unions were recognised by Government, that the Government schemes required their organization, and that in order to improve, and safeguard the conditions of work, the efficiency of work, and the distribution of the products of industry there must be unions of professional as well as of manual workers.

The middle classes were beginning to move. If we did not get organization on right lines we should get it on wrong, and class hatred would lead to the disruption of society.

Many people had read of bad things which were the outcome of Trade Unionism, but very few were well up in its good side.

It was very important in starting a Trade Union to use the great power it gave for good ends. She impressed on her audience the importance of getting the best nurses to come into their Trade Union at the outset, and to be very careful that their Constitution was democratic.

It was a mistake to associate the only idea of Trade Unionism with strikes. A strike was its national weapon, but not its only one. A trade union rate could be established by other means, and she instanced the warning notices issued in the advertisement columns of the *British Medical Journal*, from time to time, as an effective method of enforcing a trade union rate in regard to terms and conditions of work.

A Trade Union could not, however, hold out for improved salaries until it had built up its finances, and had funds in hand from which to help hard cases.

Miss Klaassen emphasised the fact that the public were well disposed towards nurses, and were very misinformed about the nurses' point of view. She concluded by pointing out that strikes and other methods of taking collective action could only be ultimately successful if that action had the approval of the public.

THE HOSPITAL SYSTEM.

Miss O'Dwyer, a private nurse, who asked indulgence of her audience for her maiden speech, said that in the course of her four years' hospital

training she observed that the hospital system which worked to relieve one class of invalids, was creating another, and that, amongst the nurses who were the greatest help in relieving the first. Invalidity was caused by the long hours, such as no class of labourer would tolerate, the hurried meals, and the strain of the care of so many acutely sick people. She might, she said, speak not only of illness, but of death due to these causes, for she had known many deaths among her fellow nurses in hospital.

It might be said that a percentage of illness and death was a necessity in a large body of workers in the space of four years, but the majority of hospital probationers were not more than 23 years of age, they had to pass a very stiff medical examination before being accepted on probation, and the services of those who showed any signs of weakness were dispensed with during the first three months.

A society for the prevention of cruelty to nurses was badly needed, not because hospital governors were necessarily cruel men, but because they were in most cases ignorant of the conditions under which the nurses worked.

BURDENS WHICH NEARLY BROKE HER.

She was no longer the member of a hospital staff, but, as a human being, she was shocked at so much preventable misery, and felt impelled to speak out, in the hope of helping those now bearing burdens which, in her own case, nearly broke her.

THE HEALTH OF THE PEOPLE.

Miss O'Dwyer emphasised the fact that the greatest asset of any State is not its wealth, but the health and well-being, moral, mental and physical, of its citizens. In regard to health work, she characterised the care of the health of the present generation, and their education in the best means of preserving the health of future generations, as the greatest of all work, which should only be entrusted to the fully trained.

Nurses were looking with great hope to the Ministry of Health, not to hand over this work to inexperienced workers. If it did so, it would start on absolutely wrong lines, but the fact that it consulted the British Red Cross Society and had passed over the trained nurses gave cause for anxiety. She had nothing against the V.A.D.s, but they were not efficient for this work. The time had gone by for muddling, and we owed more to the soldier than to ask him to allow his wife to be cared for by people who were not thoroughly trained. She further expressed the opinion that the large sums subscribed during the war to Red Cross Funds should be spent on disabled sailors and soldiers, this money should not be allocated to the education of V.A.D.s.

She concluded by saying that she thought a strong Trade Union, with great fighting power behind it, was needed to meet all the dangers of which every nurse is sensible to-day. They required it not only for the sake of the nurses, but for that of the patients and the public.

WHY THE UNION IS NECESSARY.

The Chairman then enumerated a few of the reasons why a Trade Union is necessary, including the long hours, the trying conditions of night duty, the status and treatment of Trained Nurses, the sweated labour, and the right of the nurses to decide their own business. She gave some interesting examples illustrating these points, which we regret lack of space prevents our elaborating.

DISCUSSION.

A LIVELY INTERLUDE.

The meeting was then thrown open for discussion.

Miss FERRIER (College of Nursing, Ltd.) said that during the transition stage there was bound to be some difficulty, such as had been mentioned, and it was by the nurses themselves that these difficulties would be overcome. She did not know if those present had read in their morning paper that the Second Reading of the Nurses' Registration Bill would come on very shortly.

She would like to state that fifteen of the Articles read out by Mr. Goddard at the last meeting called to form a Trade Union for Nurses, had already been put forward by the College of Nursing. (Hisses.) There was a loan to be arranged, so that nurses could borrow at a small percentage (A voice: "What percentage?") so that they could carry on their training.

Everything that had been done for the good of nurses had been accomplished by the College of Nursing in the last two or three years. (Cries of "that's a lie," Hisses.)

The Salaries Committee that sat for three months at the beginning of this year on the salaries, conditions of nurses, and shorter hours, had, Miss Ferrier said, issued their report about six months ago, in which it improved in every case, the salaries of the nurses, and of the matrons. (A voice: "A pious expression of opinion on paper.") It must be remembered that matrons were not employers. A Matron was employed by a Hospital Committee to whom she was responsible. If the staff did not come up to the Committee's ideas of what it should be the Matron suffered not the staff. (Laughter.)

Should a Trade Union be formed, and should strikes occur, then the lines would be opened to the V.A.D.s to come in and do the work. ("No.") In the meantime, they are training (A voice: "Then they will be trained nurses") and the public will say "These women are always fighting, always quarrelling, let us have in the women who did such good work during the war, and have since become trained."

Then, why not have united efforts? Why can't you all join the College? (Voices: "No" and "We won't sign the Serf Clause.")

Miss Ferrier asserted that the College had done in four years what it had taken other people thirty years to think about, and the other people had collected £22,000 and done nothing. (Cries of "Shame," "It is not true.")

Miss Ferrier stated that the Central Committee collected £22,000. It was in Mrs. Bedford Fenwick's letter to the *Times* on May 21st. (A voice: "Nothing of the sort.")

In thirty years, said Miss Ferrier, you have accomplished nothing. (A voice: "Everything.")

In March, 1919, you held a meeting at the Mansion House. (A voice: "Who is 'you'?" "You said a Club was essential for trained nurses, and that this Club should be opened. It was passed unanimously. What has been done? Nothing. You have not got a Club.")

Then, Miss Ferrier continued, "There is a Nation's Fund for Nurses." (Hisses.) She was not, she said, in a position to give the number of nurses in the R.B.N.A. and other societies helped by that Fund—women who were out of work, poor things, and could not help themselves, and the College of Nursing had come to their assistance, even to that of members of St. Bartholomew's Hospital. It is the College which has done it. You will all, said Miss Ferrier, have to come to the College. (Cries, "We never will," "We'll starve first," "If the College met our needs we should not be asking for a Trade Union.") "The College hears of these cases, and this is happening though the College has done so much. It is because there are so many blind people among you that you cannot see. (A voice "We can see that the College wrecked the Nurses' Bill.")

A SPLENDID TRIUMPH.

MRS. BEDFORD FENWICK (from the Hall): "Madam Chair, I did not intend to speak at this meeting, but as I have been attacked by name I *will* speak." On ascending the platform, Mrs. Fenwick received a tremendous ovation from the nurses present and waived her hand towards the audience, in recognition of their sympathy, the nurses cheering and waving their hands in response to her greeting.

Mrs. Fenwick said that the College of Nursing, Ltd., by its wrecking tactics, had prevented the Nurses' Registration Bill, promoted by the Central Committee, from passing into law before the Recess; but the Minister of Health had redeemed the pledge which he gave in the House of Commons on June 27th, and on the previous day (November 6th) had introduced his Bill for the State Registration of Trained Nurses in the House of Commons. That was a splendid triumph. (Loud and prolonged applause.)

It was just thirty-two years since she had initiated the movement to obtain, through State Registration, organization of nursing education and better economic conditions for nurses.

Governors of hospitals, and many supine Matrons had opposed the movement, and during the whole time that the progressive wing of the profession had been trying to organize to improve their conditions, these Governors had ignored the opinion and opposed the aspirations of the workers. They had directed their Matrons to sign manifestoes which stated that a legal system of Registration of Nurses is inexpedient

in principle, injurious to the best interests of nurses, and of doubtful public benefit.

After years of propaganda, said Mrs. Fenwick, we convinced the legislature and the public that this long deferred reform was imperative, and success was within our grasp. Then the opposition hastily formed the College of Nursing, Ltd.

The Chairman of the British Red Cross Society, some secretaries in its office, with a barrister and others—seven laymen in all—formed a company to control the nurses, and a clause in its Memorandum gave the Council the power to remove a nurse-member from its Register without the power of appeal, and every nurse who had joined the College had, whether she knew it or not, subscribed to this clause, and placed herself in a helpless and invidious position. That 15,000 nurses had done so was incomprehensible to a British woman.

The previous speaker had said that the Central Committee had collected £22,000 and done nothing. The Central Committee had collected nothing, but through the self-sacrifice of the pioneers of the Registration movement, not less than £20,000 had been given by members of the nursing profession in the past thirty years in support of the cause. It was their own money they had subscribed, and not money obtained from the public through Victory balls, flag-days and other reprehensible methods. The pioneers had worked for, paid for, and won the Registration Bill. Was that nothing? (Applause.)

Mrs. Fenwick concluded by proposing that the meeting should send a vote of thanks to Dr. Addison, Minister of Health, for bringing in the Nurses' Registration Bill on the previous day. (Loud and continued applause.)

Other speakers included Mrs. Gordon, who characterised the College of Nursing as undemocratic. She hoped the nurses would form themselves into a strong Union, the College of Nursing was "all done from the top," good organisation could only proceed from the bottom.

Miss Isabel Macdonald said Miss Ferrier had taunted the R.B.N.A. with doing nothing about a Nurses' Club. Its plans in that direction had had to be held over while it combatted the opposition of the College of Nursing to the Nurses' Registration Bill in the House of Commons. The College had appealed to the charitable public to support its schemes, through the Nation's Fund for Nurses, and had used the indigent nurse as a bait, but the Nation's Fund had written to one Society of which she was Hon. Secretary to ask it to help applicants who had appealed to that Fund. (Shame.)

Miss Klaassen pointed out that Matrons were not in the position of employers, but of paid managers.

VOTE OF THANKS TO MINISTER OF HEALTH.

Mrs. Fenwick's proposal that a vote of thanks should be sent to the Minister of Health was then put from the Chair and carried unanimously, and

the following telegram was despatched to Dr. Addison at the close of the meeting.

A large and enthusiastic meeting to discuss Trade Unionism for nurses sends unanimous vote of thanks for introduction of Nurses' Registration Bill.—MAUDE MACCALLUM, CHAIRMAN.

The meeting terminated with the usual votes of thanks.

THE PROFESSIONAL UNION OF TRAINED NURSES.

The necessity for a Trade Union for Nurses has now been publicly proposed, discussed and agreed. We congratulate Miss MacCallum, Miss Jentie Paterson and the promoters on the initial success of the movement, which can only attain full fruition by steady application, courage and self-sacrifice.

THE NATIONAL UNION OF TRAINED NURSES AND TRADE UNIONISM.

In June last the National Union of Trained Nurses decided to call an Autumn Council Meeting in November, to discuss the advisability of forming a Trade Union for Nurses. When the Council met, information had been received that "The Professional Union of Trained Nurses" had already taken steps to form such a union. In consequence of this, it was decided that the National Union of Trained Nurses would not proceed further in the matter; though the members of the Council present supported the principle of trade unionism.

SANITARY INSPECTORS AND HEALTH VISITORS' TRADE UNION.

It may not be generally known that the Women Sanitary Inspectors and Health Visitors' Association, 6, York Buildings, Adelphi, London, W.C. 2, is registered as a trade union (president, Dr. Janet E. Lane Claypon). Writing in the *Manchester Guardian*, "G.S." says:—"A recognised trade union can conduct negotiations for increase in salaries with local bodies that will often refuse otherwise to consider such applications. It can also, and has already done so, offer effective help in cases of victimisation or hardship. The present minimum salary demanded by the union for health visitors in London is £120, plus war bonus on the current Treasury scale (20 per cent. of salary plus £40). This minimum is clearly not a very high one in view of the present cost of living. The quickest way to raise it is to fill the profession with qualified women and make them all members of their trade union."

IRISH NURSES' UNION.

At the usual weekly meeting of the Committee of the Irish Nurses' Union, held at 29, South Anne Street, Dublin, on the 4th inst., the Secretary reported on the progress of the Union's

claim for higher salaries for District Midwives. In several Districts the Guardians had offered increases ranging up to £20 per annum.

Dublin Guardians, on the Union's application were seeking Local Government Board sanction for increases averaging about £50 for the Hospital Staff, and the Union was still negotiating on this and other improvements.

Other matters dealt with included State Registration, and meetings in Waterford, Kilkenny and Dublin.

THE FIRST DUTY OF THE STATE.

Lord Knutsford writes to the *Saturday Review* in somewhat pessimistic tone on the financial future of hospitals. He says:

"There is a great difference between advocating the putting of hospitals on the rates, and our being compelled to do so as an unavoidable necessity. I think with you that the necessity will come, if it has not come already. Any alternative is better than to have the work of hospitals cramped in every direction for want of funds. This would mean an end to medical progress at the very moment when the country is intent on and ripe for such progress. We who have been responsible for these voluntary hospitals have done our best to keep them off the rates. Seemingly we have to throw up the sponge, and we can only hope that whatever fate is in store for them they may be carried on with higher ideals than are generally characteristic of rate-supported hospitals."

It is high time the State recognised its responsibility for the standard of health of the people—and this can only be done if it is willing to finance preventive and curative scientific treatment in every particular. The voluntary hospitals have played a fine humanitarian part in caring for the sick—but in future every effort that science can devise must be made to prevent disease. Life is a glorious gift, full of joy in every degree—if the blood is pure—but life is not worth living when it is poisoned and the body in pain. To be happy we must be healthy, and happiness is worth a mint of money.

A PRACTICAL SCHEME.

A really practical bit of work by the Red Cross Society has the approval of the Ministry of Pensions, which has decided to avail itself fully of the use of the ambulances delivered to county directors of the R.C.S. for the service of the general public. Out of 296 ambulances allotted 171 have been handed over. Reports have been received of 42 ambulances which have completed three months' service, showing that these cars carried in that period 1,097 cases, an average of 26 cases per ambulance. The number of miles travelled by the 42 cars was 18,516—an average of 17 miles per patient. The figures quoted include pension cases as well as ordinary civilian patients.

APPOINTMENTS.**MATRONS.**

Royal Infirmary and Eye Institution, Gloucester.—Miss Margaret A. Ripley has been appointed Matron. She was trained at Guy's Hospital, where she was subsequently Sister. She has had experience of active service in France, at casualty clearing stations, on hospital trains, and barges, and has been Matron of a hospital for wounded officers at Swansea.

Kent County Ophthalmic Hospital, Maidstone.—Miss Dorothy May Milton has been appointed Matron. She was trained at the General Infirmary, Leeds, and has held the position of Theatre Sister at the Royal Infirmary, Leicester, and Housekeeper at the General Infirmary, Leeds. She has also served as a member of the Royal Naval Nursing Service.

Devonshire Road Crèche, Mitcham.—Miss E. S. M. Wellman has been appointed Matron. She began her nursing career at the Hospital for Women, Soho Square, and afterwards was Probationer, Staff Nurse, and Sister at the London Hospital, Superintendent Sister at the Children's Hospital, Carshalton, Tuberculosis and School Nurse under the Surrey Educational Committee, Temporary Night Superintendent at King Edward's Hospital, Ealing, and is at present Assistant Matron at the Royal National Orthopaedic Hospital.

ASSISTANT MATRON.

County Mental Hospital, Isle of Wight.—Miss Elizabeth J. Thompson has been appointed Assistant Matron. She was trained at Prestwich County Asylum, Lancs., and has been Assistant Matron at Palmerston House, Co. Dublin, and at Hendon Grove Private Asylum, and has recently done maternity work in London. She holds the certificates of the Prestwich Asylum Mental Hospital and the Sanitary Institute, and is a certified midwife.

NIGHT SUPERINTENDENT NURSE.

Gateshead Workhouse.—Miss Minnie Hall has been appointed Night Superintendent Nurse. She was trained at the Gateshead Union Infirmary, where she was subsequently Staff Nurse. She afterwards worked in War Hospitals.

NIGHT SISTER.

Union Hospital, Stoke-upon-Trent.—Miss Eva Lillian Cannell has been appointed Night Sister. She was trained at the Royal Infirmary, Manchester, and has been District Nurse at Bulwell, Nottingham, and Staff Nurse at the Nightingale Home, Derby.

HOME SISTER.

Union Hospital, Stoke-upon-Trent.—Miss Frances C. Kelsey has been appointed Home Sister. She was trained at the North Bierly Union Hospital, Clayton, Bradford, and has been Nurse at the Colne College Hospital, and District Nurse at Leeds, and done military nursing in Wales, France, Belgium, and Germany during the last four years.

SCHOOL NURSE.

Education Committee, Walthamstow.—Miss Marie Innes-Brown has been appointed School Nurse. She was trained at the David Lewis Northern Hospital, Liverpool, where she subsequently acted as Sister of the Neurological Ward. She has also had experience of infectious nursing.

HEALTH VISITOR.

Borough of Wolverhampton.—Miss H. V. Goodwin has been appointed Health Visitor. She was trained at the Infirmary, Stoke-on-Trent, and has held the position of Sister there. She has also had experience of war work, and is a certified midwife.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date October 1st, 1919:—Jessie C. Bath, Fanny Mason, Dorothy F. Goodwin, Ruby A. L. Kirkaldie, M. S. A. Hind, Dorothy Mackworth, Gertrude M. Elworthy, Isabella M. Lax, Mary Taylor, Miriam Pritchard, Gwen G. Williams, Louisa G. Sweetman, Edith R. Simpson, Emily Toy, Annie F. Maxwell, Ethel Gibson, Ellen L. Lewis, Lillias G. Moore, Milly Jepson, Gladys M. Poskitt, Myrah Rawson, Margaret E. Hardstaffe, Florence Prestt, Edith C. Crowden, Elizabeth Hassell, Catherine Moses, Charlotte Jeffreys, Jennie Evans, Margaret A. Morgan, Christina B. Sinnott, Ceren H. Williams, Marion M. Ballantyne, Josephine McCrystal, Edith K. M. MacKean, Mary M. Marr, Nellie Scrivens, Ellen Fitzpatrick, Sarah Green, Rebecca McKelvey, Brigid McLaughlin, Agnes Maloney.

DR. SALEEBY ON THE SMOKE NUISANCE.

Speaking before the Eighth Annual Conference of the British Commercial Gas Association, in London, on October 28th, Dr. C. W. Saleeby, F.R.S. (Edin.), said that much was said about pure water but little about pure air. That was characteristic of this country because we had been brought up in the smoke and were satisfied with it.

We thought of Coal as a fuel, but a chemist would tell us that coal is a treasure house of a thousand valuable things, and that to burn it is barbaric folly. One could imagine a barbarian coming along and seeing the British Museum with all its treasures and being ignorant enough to say: "Here is something that will burn; let us make a fire." "To burn crude coal and destroy thereby its latent treasures is," said Dr. Saleeby, "just as short-sighted and criminal as to burn any other repository of irreplaceable wealth."

We should extract from coal the dyes, and drugs and other valuable properties which it contains and burn the residue as fuel. He advocated the increased use of gas, the spirit of coal, in place of crude coal for all domestic and industrial purposes, and urged that this question should be fully considered in dealing with the projected housing schemes.

AN OPPORTUNITY NOT TO BE MISSED.

Many nurses who have depended on Messrs. Scott, of 1, Old Bond Street, Piccadilly, W.1. for their uniform hats will be glad to know that all the felt autumn and winter hats are now being sold at a reduction of 4s. in the £, until the whole are cleared. This is an opportunity not to be missed, and members of the British Red Cross Society, Territorial Force Nursing Service, the St. John's Ambulance V.A.D., and others, will, no doubt, gladly avail themselves of it. Loose ribbons and bows attached can be supplied at 2s., and badges at 1s. 6d. There is no need to emphasize the quality of the goods supplied by this well-known firm.

"THE END OF THE ROAD."

By the courteous invitation of the National Council for Combating Venereal Diseases (London and Home Counties Branch), we attended a private exhibition of an Educational Cinematograph Production bearing the above title. This powerful film is authorised by the Council, and produced with the approval of the Ministry of Health at the Alhambra Theatre. It is scarcely necessary to state that the splendid endeavours of the N.C.C.V.D. are bearing abundant fruit. Only a few years ago the production of a play handling social and sex questions with such frankness would not have been possible on our English stage. To-day a mixed audience watches it with the reverent silence of a Church congregation, a proof that the senseless prudery which has been so largely responsible in the past for an enormous amount of preventable disease, misery and degradation is breaking down, and giving place to a more sane, enlightened, and wholesome attitude of mind.

The problems dealt with have become more acute during and since the war, and this film will, we hope, create a big demand for its exhibition among all classes of enlightened and would-be enlightened men and women.

Special emphasis is, of course, given to the terrible and vital results of sexual misconduct. The consequences are not minimised; at the same time undue stress is avoided. There are many points of real beauty and pathos, and although the primary purpose is educational, the story contains a definite trend towards moral inspiration produced by the example of a high standard of living contrasted with the opposite form.

THE STORY ITSELF.

There are two main characters—Mary Lee and Vera Lynch. In the prologue they are both shown as children; the former sees a bird's nest full of eggs, and wants to know more about the mystery; this gives her sensible mother the opportunity of telling her the story of her own entrance into the world; Vera's mother is a woman of a different type, and meets her child's natural enquiries by an angry reproof of "naughtiness." As the children grow up, the results of their bringing up bear fruit. Mary has learnt the beauty of pure love and the sacredness of marriage. Vera has learnt nothing good from her ambitious and worldly mother, and yields to temptations as they present themselves, and finally becomes the mistress of an unscrupulous man who, after ruining her and infecting her with syphilis, deserts her. When she refuses treatment the doctor takes her to a venereal diseases hospital, and shows her some of the worst victims of the disease. Horrified, she submits to treatment, and is cured. Mary becomes a trained nurse. The boy who has grown up with her "sows his wild oats"; she refuses his offer of marriage; thereupon he invites her to become his mistress. The

end of the road with her is happy marriage with a good man. Various supplementary incidents are woven into the main theme, drawn from actual life to give special point and emphasis. One of the shifting scenes is the tragic case of Mrs. Russell Elbridge, whose husband has infected her with gonorrhoea, and given blindness to their only child, while he continues on his criminal course of ruining other women, after separating from his wife. The sordid story of the suicide of a beautiful girl whom he has betrayed is afterwards published in the newspapers.

Mrs. Elbridge is obliged to undergo an operation as the result of the disease with which he has infected her. The theatre scene is admirably reconstructed, and details are not lacking, even the first incision of the knife is shown.

It is impossible to over emphasise the educational and moral value of this powerful film, containing as it does an inspiration toward a more beautiful philosophy of life, by a higher moral standard for both sexes equally.

We strongly recommend our readers to see it if they get the chance. It is not a cheerful play; there is no laughter, no applause. It is full of painful realism, but it inspires abundant hopefulness for a new order of things on the moral side, and, consequently, on the health and happiness side. B. K.

BOOK OF THE WEEK.

"POOR RELATIONS."*

Mr. John Touchwood had more than his fair share of them; that is to say, of poor relations. He himself was a successful and romantic playwright and he first comes before our notice fresh from a triumphant production in New York. On board the big liner he became acquainted with Miss Doris Hamilton, who made an instant and favourable impression on him. Forty-two, and passing rich, John Touchwood was still a bachelor, possibly his numerous poor relations had something to do with his single state.

"If John's plays were full of fierce hues, his private life had been of a mild, uniform pink, a pinkishness that recalled the chaste hospitality of the best spare room."

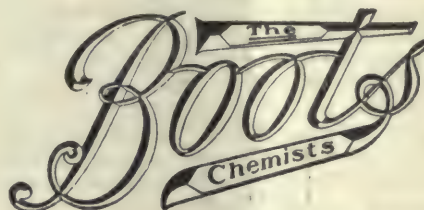
He had gathered from a passing remark of Miss Hamilton about poor relations, that she herself was not blest with a superfluity of this world's goods, and before the end of the voyage the idea formulated in his mind that she would make an excellent confidential secretary—"a nice, practical young woman."

John was possessed of a very comfortable flat in town, where his temporal needs were attended to by his housekeeper, Mrs. Worfolk, assisted by two maids.

His country place, Ambles, was presided over by his widowed sister, Mrs. Curtis, and her smug,

* By Compton Mackenzie. Martin Secker, London.

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self-sufficient little son, Harold, also found his home there. It is the drawing of the various weaknesses of John's relations that gives to the book its very amusing character.

No one, down to the maids, escapes Mr. Compton Mackenzie's observant eye or his critical pen. John, packing with his valet-maid, Maud, for instance. "Do you think these suits are a success, Maud," he asked, perhaps a little too boisterously. At any rate, the parlour-maid's comprehension of valeting had apparently never been so widely stretched, for a faint coralline blush tinged her waxen cheeks.

"They seem very nice, sir."

John felt he had trespassed too far upon the confines of Maud's humanity and retreated hurriedly. Two hours later he was seated in the Wrotesford fly, swishing along between high hazel hedges of golden brown. "I shall have to see about getting a dog-cart," he exclaimed, when, after five minutes' struggle to let down the window with the aid of a strap that looked like an Anglican stole, he had succeeded in opening the door and nearly falling headlong into the lane.

"You have to let down the window *before* you open the door," said the driver reproachfully.

John's welcome by his numerous relatives after his prolonged absence in New York is rich in observation of the petty absurdities and idiosyncracies to which human nature in general, and John's relatives in particular are heir.

There was Hilda, with the tender resignation of widowhood, and her little prig of a son; there was his pompous brother-in-law, the vicar of a neighbouring parish, who had married his favourite sister Edith, whose little girl was perpetually whispering in her mother's ear; there was grand-mama, a vain old lady, who was intent on new caps; besides others in London who were mindful of him when at his flat. The importation of his secretary, Doris Hamilton, into this nest of harpies was, of course, not appreciated by them, especially as John's attitude to her was apparent to everyone but himself.

Miss Hamilton had helped him while at the flat in the intervals of the new play "Joan of Arc," to purchase his numerous Christmas presents and was to join him at Ambles the day after that festival.

It may be well imagined that John found it somewhat difficult to secure any tête à tête with his secretary and he prevents his relatives one by one in a masterly fashion from joining them in a proposed walk together.

Harold chimed in, "I've never been there yet. Mother said it was too far for me; but it isn't, is it, Uncle John?"

"Your mother was right. It's at least three miles too long," said John firmly, and having circumvented them all, in various directions, he asked:

"Well, if nobody wants to climb Shalstead Down, what do you say, Miss Hamilton?"

Later, as they were crossing the twenty-acre field, "You're a terrible fraud," she laughed.

"You've always led me to believe that you were completely at the mercy of your relations. Instead of which you order them about and arrange their afternoon and really bully them into doing all sorts of things they never had any intention of doing, or any wish to do what's more."

Her attempt to put the conversation on a professional footing was resented by John.

"Any way, you can't expect me to burst into blank verse the moment you arrive, like a canary that's been uncovered by the housemaid. I can't stand writers who always want to be literary. I have the temperament of a country squire, and if I had more money and fewer relations I shouldn't write at all."

John was not able to face the music, and he eloped with Doris Hamilton.

The book is composed of trivial family incidents, but it is very amusing and uncannily clever.

H. H.

CHILDREN'S HYMN.

Oh Saviour who blessed little children
And drew them about Thy knee
Still give us the same loving welcome
And bid us to come to Thee.

We cannot press round Thee and touch The
Nor look on Thy face divine,
Like those happy children who knew The
And heard that kind voice of Thine.

But always in faith we can see Thee
Afar in thy home above
Still mindful of earth's little children
And keeping us in Thy love.

Dear Lord there are poor little children
In sorrow and need to-day,
Be Thou with the homeless and lonely
And chasten their tears away.

And send us Thy beautiful angels
Who love little children too.
To keep us from harm in the day-time
And guard us the long night through.

All we who are glad little children,
Give thanks for our cloudless days
And ask, gentle Saviour, to serve Thee
And dwell in Thy care always.

C. B. M.

COMING EVENTS.

November 15th.—Meeting of the Central Committee for the State Registration of Nurses, Council Chamber, by kind consent of the British Medical Association, 429, Strand, W.C. 2.30 p.m.

November 15th.—Nurses' Missionary League. Sale of Work, 52, Lower Sloane Street. 10 a.m. to 6 p.m.

November 28th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness Princess Christian, 67, Eaton Place, S.W., by kind permission of Mrs. Montague Price. 12 noon.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE ETHICS OF TRADE UNIONISM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A writer in a recent issue of THE BRITISH JOURNAL OF NURSING takes exception to an invitation issued to Matrons and Doctors by the Irish Nurses' Union in connection with a Whist Drive and Dance held to raise funds to start a Nursing Journal in Ireland. The objection seems to be that by inviting the co-operation of Matrons and Doctors we were not exhibiting the independence which is supposed to be the essence of Trade Unionism. Is the Union to take this comment as a tacit admission that Matrons and Doctors either cannot or will not co-operate with Nurses in any undertaking, unless the latter are willing to relinquish their independence and become mere under-strappers?

I do not know quite what is the writer's idea of the essence of Trade Unionism, but the main principle, as I know it, of all Trades Unions, embodies in its best and widest sense the true spirit of democracy; and I see no reason why Nurses should not invite the co-operation of Matrons and Doctors in promoting the growth of this spirit in the two professions which are so closely allied.

I am, yours faithfully,

ETHEL O'NEILL,

Dublin.

Vice-President.

APPLES OF SODOM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was present at the Meeting held in King George's Hall, on Friday, and was amazed at the effrontery of the lady who spoke on behalf of the College of Nursing, Ltd. She wants to know what you have done for the nurses, does she?

Years of toilsome spade work, the careful planting of the seed, the nurture and protection of the young tree from the bitter blast of opposition, watching with never ceasing vigilance the blossom and the gradual maturing of the fruit, till at last it neared perfection and was ready for the plucking, and then—like our first parents, there were certain people who "said that the tree was good for food and pleasant to the eye, and a tree to be desired to make one wise, and they took of the fruit thereof"—*the luscious fruit*.

There are such things as Apples of Sodom.

The lady once asked, I believe, what you had done; she must excuse me if I furnish her with a little extra information.

Yours faithfully,

ONE OF THE MANY.

KERNELS FROM CORRESPONDENCE.

Private Nurse: "Why does the College send incompetent understudies to try to wreck our meetings? This was their policy in the House of Commons when our Bill was under discussion. Why do the College Council Matrons not come out into the open and have the courage of their opinions? The truth is they dare not face the music—and no wonder; the rank and file can no longer be bamboozled. Thousands of nurses—especially in the Army—joined the College to protect themselves against the competition of the V.A.D., and now they have been betrayed, in Military Service and Public Health Work. Every penny paid to the College tightens the halter round our professional throats. Join the Nurses' Trade Union."

Canadian Nurse: "When on active duty in Europe I watched carefully the registration policy of the College of Nursing, and came to the conclusion that the 'anti's' on its Council control the situation. Anyway, the whole bunch have cut at the root of effective self-government for the profession in Britain. What astonishes us Canadians is the lamb-like attitude of the average nurse in England. She appears quite unable to realise the danger of subscribing to a Constitution which deprives her of self-defence, and appears content to be hand-fed and generally done for. We were also shocked at the miserable standard of salaries current in English hospitals. Poverty has apparently sapped self-respect. On the other hand, nothing can be more encouraging than the stand of the organised nurses, who are upholding high ethical standards in spite of personal disadvantages. When are we all going to meet again in our grand International? I was at Buffalo in 1901, and came away a different woman."

OUR PRIZE COMPETITION.**QUESTIONS.**

November 15th.—What are the probable causes of otorrhea, and how would you nurse such a case? What complications might arise, and how would you recognise them?

November 22nd.—What are the functions of the teeth? What method of caring for them do you advocate—for a school child, for a healthy adult, for a sick person? What untoward conditions may result from defective teeth?

November 29th.—What treatment have you seen given in a case of ex-opthalmic goitre, and how would you nurse such a case?

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The Midwife.

THE NATIONAL CONFERENCE ON INFANT WELFARE.

We have in various issues of this Journal referred at some length to the three days' Conference on Infant Welfare, which took place at the Kingsway Hall, London, in July, when the Minister of Health occupied the Chair at the opening Session. The official Report of the Proceedings is now published, price 1s. 6d., and may be obtained from the National League for Health Maternity and Child Welfare, 4, Tavistock Square, W.C.1., and is of considerable interest, gathering between the covers of one booklet, not only the many valuable papers then presented, but also the interesting speeches made in the discussions which followed. To quote an example: Dr. H. Scurfield (M.O.H., Sheffield) spoke of the great importance of instructing children—beginning with the very young children—in matters of sex. He said:—

"I am in the position of being a parent, so I think I can say to other parents that there really is no difficulty in these matters. The time has gone when we ought to keep up these old fables to young children about little babies being found under gooseberry bushes and such like things. I believe that a child of a very few years of age will understand that the babies grow inside their mothers, and understand it in quite an easy way, and in fact quite a reverent way. I think you will find that if a boy goes to a preparatory school, say at the age of eight, and has grown up in a natural way, and his mother has answered his questions, he will go there so well informed that when the other boys talk what is called "smut" he will have a contempt for them, because he knows all about the things in a proper way. He will look upon motherhood from a different point of view. It is of the utmost importance that we should get a higher reverence for motherhood, a higher respect for the sanctity of family life and everything that is meant by motherhood; and I think we shall only get that by beginning with the young children, and getting them to appreciate these matters in a gradual and natural manner as they grow up. I would like to give examples of two communities which seem to me to achieve these ends successfully.

THE SOCIETY OF FRIENDS.

The first is a small community, the Society of Friends. You will find in one of their official books—the "Book of Discipline"—that it is insisted upon as one of the most important duties of both parents to instruct their children in matters of sex and the origin of life; and I believe that the members of the Society of Friends carry out those instructions. You will find, I think, as the result, that family life is a very sacred thing among the Quakers. You will also find that the boys and girls being treated on an equal footing

brings about a better state of things, that there is very little abuse of alcohol among the Quakers, and none among the Quaker women, and there is practically no venereal disease among them.

THE JEWS.

The second community which I should like to mention is the Jews. I am told that the Jewish father specially speaks to his boys when they reach the age of puberty and when they are going to marry, and that the Jewish mother does the same by her girls; and I think you will find that there is a very high standard of morality among the Jewish women, very little venereal disease and a very low infant mortality; and that all Jewish women in every slum in this country breast-feed their children. If we could arrive at a standard of family life like that of the Jews we should have very little trouble in dealing with the two racial poisons which we have been talking about this afternoon—alcohol and the venereal diseases. I believe there is a society for converting Jews. I hope that when the Jews are converted they still retain their high standard of respect for family life and for motherhood."

Midwives and Nurses have special opportunities of bringing before parents the need and duty of such instruction being given to children, whether by the parents themselves or by teachers.

HAMMERSMITH MUNICIPAL MATERNITY HOME.

The Hammersmith Municipal Maternity Home, has now been formally opened by Lady Downham.

Lord Downham (formerly President of the Local Government Board), who mentioned that he had had the honour of piloting the Maternity and Child Welfare Act through Parliament, said that there were too many empty cradles, and motherhood must be made healthier and more attractive.

C.M.B. EXAMINATION PAPER.

NOVEMBER 3, 1919.

1. How do you recognise a breech presentation? Give your methods of managing a normal breech case throughout, giving your reasons for each successive step you take.

2. What are the causes of ante-partum haemorrhage occurring after the seventh month of pregnancy? What treatment can you carry out in such a case until the doctor arrives?

3. How would you artificially feed an infant from birth and how would you satisfy yourself that the means adopted were satisfactory?

4. What are the causes of sapraemia? What symptoms would lead you to suspect a patient was suffering from this trouble?

5. Describe the exact treatment of the umbilical cord. What trouble may arise if careful treatment is not carried out?

6. What do you consider are your duties to your patient during her pregnancy? What dangers may arise if the patient is not seen during this time?

THE BRITISH JOURNAL OF NURSING

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SATURDAY, NOVEMBER 22, 1919.

Vol. LXII

EDITORIAL.

THE NURSES' REGISTRATION BILL. SECOND READING.

On Tuesday last, November 18th, the Minister of Health, from the Treasury Bench, moved the second reading of his Nurses' Registration Bill for England and Wales, which, with support from Major Barnett, in charge of the Central Committee's Bill, of Mr. Leonard Lyle, on behalf of the College of Nursing, Ltd., and of members on all sides of the House, was carried without a division, and committed to a Standing Committee.

It is now over fifteen years since the first Nurses' Registration Bill was introduced into the House of Commons on behalf of the Society for the State Registration of Trained Nurses, and it was a triumphant moment for its promoters when the Minister of Health advocated, on behalf of the Government, the main principles which it incorporated.

The nursing profession must realise the great difference between this Government Bill and all others which have preceded it. Former Bills have embodied what members of the profession, or others on their behalf, are desirous of obtaining; the Bill introduced by the Minister of Health incorporates what the Government is prepared to give them through a Nurses' Registration Act.

We publish the text of the Bill in full in the following columns, so that all our readers can study it at their leisure.

What, briefly, are the principles incorporated in the Government Bill?

1. The establishment of a governing body—the General Nursing Council—for the nursing profession, securing sixteen out of twenty-five seats to trained nurses. Only those who worked for the movement in the early years know how acute the opposition was to the nurses having adequate representation on their own Governing Body.

2. Power is given to the Council to regulate the formation, maintenance, and publication of the Register, to define standards of training, and to hold examinations.

3. It provides that the First Council shall have power to frame the Rules, and remain in office, if necessary, for three years, during

which the Register of Nurses will be compiled, and the electorate for the General Nursing Council formed. No preferential treatment is to be given to any one body of nurses.

4. Provision is made for a two years' term of grace, in which existing nurses may register for a fee of £1 1s.

5. Protection is afforded to the registered nurse, by the provision giving the right of appeal to the High Court in the event of any person being aggrieved by the removal of her name from the Register.

6. Power is given to institute a uniform and badge for registered nurses.

7. Provision is made for the establishment of reciprocity with Scotland and Ireland, and other parts of His Majesty's Dominions where similar Acts are in force.

8. Penalties are prescribed for misuse of the title of registered nurse, or for falsification of any matters relating to the Register.

9. The Constitution of the Council is set out in detail in the Schedule to the Bill, printed on page 374, and it will be seen that the Minister has given the registered nurses liberal powers of self-government. It is for them to use those powers, when the Bill becomes law, wisely and impartially, remembering the great trust conferred on them by Parliament, including the exercise of disciplinary and judicial functions.

10. The sixteen nurse members on the first Council will be appointed by the Minister of Health after consultation with the Central Committee for the State Registration of Nurses, the Royal British Nurses' Association, the College of Nursing, Ltd., and other associations, and thereafter they will be directly elected by the registered nurses.

11. The Act is not to extend to Scotland and Ireland, but, as we record elsewhere, a Bill has been drafted for Scotland, and the Irish Office has the matter under consideration.

The pioneers of nursing reform who, for so many years, have been struggling to secure a Nurses' Registration Act which will be a protection to the public, and just to the nurses, see at last the struggle nearing an end, and realise with thankfulness that, in the near future, a sure foundation will be well and truly laid, on which to build an edifice worthy of the great profession of which they are members.

THE GOVERNMENT NURSES REGISTRATION BILL FOR ENGLAND AND WALES.

A BILL TO PROVIDE FOR REGISTRATION OF NURSES.

Presented by Dr. Addison.

A.D. 1919.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

ESTABLISHMENT AND CONSTITUTION OF GENERAL NURSING COUNCIL.

1.—(1) For the purposes of this Act there shall be established a General Nursing Council (in this Act referred to as "the Council"), which shall be a body corporate by that name with perpetual succession and a common seal with power to acquire and hold land without licence in mortmain.

(2) The Council shall be constituted in accordance with the provisions contained in the Schedule to this Act.

(3) The seal of the Council shall be authenticated in the prescribed manner, and any document purporting to be sealed with the said seal so authenticated shall be receivable in evidence of the particulars stated in that document.

REGISTER OF NURSES.

2.—(1) It shall be the duty of the Council to form and keep a register of nurses (in this Act referred to as "the register") subject to and in accordance with the provisions of this Act.

(2) The register shall consist of the following parts:—

(a) a general part containing the names of all nurses other than nurses to be included in some other part of the register;

(b) a supplementary part containing the names of male nurses;

(c) a supplementary part containing the names of mental nurses;

(d) a supplementary part containing the names of nurses trained in the nursing of sick children;

(e) any other prescribed part.

(3) A certificate under the seal of the Council duly authenticated in the prescribed manner stating that any person is, or was at any date, or is not, or was not at any date, duly registered under this Act shall be conclusive evidence in all courts of law of the fact stated in the certificate.

RULES.

3.—(1) The Council shall make rules for the following purposes:—

(a) for regulating the formation, maintenance and publication of the register;

(b) for regulating the conditions of admission to the register;

(c) for regulating the conduct of any examinations which may be prescribed as a condition of admission to the register, and any matters ancillary to or connected with any such examinations;

(d) for prescribing the causes for which, the conditions under which, and the manner in which nurses may be removed from the register, the procedure for the restoration to the register of nurses who have been removed therefrom, and the fee to be payable on such restoration;

(e) for regulating the summoning of meetings of the Council and the proceedings (including quorum) of the Council;

(f) generally for making provision with respect to any matters with respect to which the Council think that provision should be made for the purpose of carrying this Act into effect (including provision with respect to the issue of certificates to nurses registered under this Act and with respect to the uniform or badge which may be worn by nurses so registered), and for prescribing anything which under this Act is to be prescribed;

(2) Rules under this section shall contain provisions—

(a) requiring as a condition of the admission of any person to the register that that person shall have undergone the prescribed training, and shall possess the prescribed experience, in the nursing of the sick; and

(b) requiring that the prescribed training shall be training either in an institution approved by the Council in that behalf or in the service of the Admiralty, the Army Council, or the Air Council; and

(c) enabling persons who, within a period of two years after the date on which the rules to be made under the provisions of this paragraph first come into operation, make an application in that behalf (in this Act referred to as "an existing nurse's application"), to be admitted to the register on producing evidence to the satisfaction of the Council that they are of good character, are of the prescribed age, are persons who were for at least three years before the first day of November, nineteen hundred and nineteen, *bonâ fide* engaged in practice as nurses in attendance on the sick under conditions which appear to the Council to be satisfactory for the purposes of this provision and have adequate knowledge and experience of the nursing of the sick.

(3) Rules made under this section shall not come into operation unless and until they are approved by the Minister of Health.

(4) Every rule made under this section shall be laid before each House of Parliament forthwith, and if an address is presented to His Majesty by either House of Parliament within the next subsequent twenty-one days on which that House has sat next after any such rule is laid before it praying that the rule may be annulled, His Majesty in Council may annul the rule and it shall thence-

forth be void, but without prejudice to the validity of anything previously done thereunder.

STAFF AND EXPENSES.

4.—(1) The Council may, with the previous sanction of the Minister of Health, appoint a person to act as registrar of the Council, and may, subject to the consent of the Minister as to numbers, employ such other officers as the Council consider necessary.

(2) There shall be paid to the registrar and the officers of the Council such salaries or remuneration as the Council with the approval of the Minister of Health may from time to time determine.

(3) Any expenses incurred by the Council in carrying this Act into effect, including expenses in connection with examinations or prosecutions under this Act, and, subject as hereinafter provided, the travelling expenses of and sums paid on account of subsistence allowance to members of the Council, shall be defrayed out of the sums received by the Council by way of fees under this Act:

Provided that the amount to be allowed to members of the Council in respect of travelling expenses and subsistence allowance shall be calculated in accordance with directions to be given by the Minister of Health.

(4) The accounts of the Council shall be audited in such manner, and by such person, as the Minister of Health may from time to time direct, and copies of the accounts, and of any report made on the accounts, shall be transmitted by the Council to such persons as the Minister may direct.

FEES.

5.—(1) There shall be paid to the Council in respect of every application to be examined or to be registered under this Act, and in respect of the retention in any year of the name of any person on the register, such fees respectively as the Council may, with the approval of the Minister of Health, from time to time determine:

Provided that—

(a) in the case of an existing nurse's application the amount of the fee payable on the application shall be such sum, not exceeding one guinea, as the Council, with such approval as aforesaid, may determine; and

(b) the amount of the fee payable in respect of the retention in any year of the name of any person on the register shall not exceed two shillings and sixpence.

(2) The Council may charge for any certificate or other document issued, or in respect of any services performed, by them, such fees as may be prescribed.

ADMISSION TO REGISTER OF PERSONS TRAINED OUTSIDE UNITED KINGDOM.

6.—(1) Any person who proves to the satisfaction of the Council that he has been registered as a nurse in any part of His Majesty's dominions outside the United Kingdom, being a part of those dominions to which this section applies, shall be

entitled, on making an application in the prescribed manner and paying such fee, not being greater than the fee payable on ordinary applications for registration under this Act, as the Council may demand, to be registered under this Act.

(2) This section applies to any part of His Majesty's dominions as respects which the Council are satisfied—

(a) That there is in force therein an enactment, or a provision of any kind having the force of law, providing for the registration of nurses under some public authority;

(b) that persons registered under this Act are admitted to the register established under the said enactment or provision on terms not less favourable than those contained in subsection (1) of this section; and

(c) that the standard of training and examination required for admission to the register of nurses established under the said enactment or provision is not lower than the standard of training and examination required under this Act.

(3) In the event of provision being hereafter made for the establishment of a register of nurses in Scotland or Ireland the Council shall make rules under this Act enabling persons registered as nurses in Scotland or Ireland, as the case may be, to obtain admission to the register of nurses established under this Act.

APPEAL AGAINST REMOVAL FROM REGISTER, AND AGAINST REFUSAL TO APPROVE INSTITUTION.

7.—(1) Any person aggrieved by the removal of his name from the register may, within three months after the date on which notice is given to him by the Council that his name has been so removed, appeal against the removal in manner provided by rules of court to the High Court, and on any such appeal the High Court may give such directions in the matter as it thinks proper, including directions as to the costs of the appeal, and the order of the High Court shall be final and conclusive and not subject to an appeal to any other court.

(2) Any person aggrieved by the refusal of the Council to approve any institution for the purpose of the rules under this Act relating to training may appeal against the refusal to the Minister of Health, and the Minister, after considering the matter, shall give such directions therein as he thinks proper, and the Council shall comply with any directions so given.

PENALTIES FOR UNLAWFUL ASSUMPTION OF TITLE OF REGISTERED NURSE AND FOR FALSIFICATION OF REGISTER.

8.—(1) If any person, not being a person duly registered under this Act, at any time after the expiration of three months from the date on which the Minister of Health gives public notice that a register of nurses has been compiled under this Act, takes or uses the name or title of registered nurse, either alone or in combination with any other words or letters, or any name, title, addition,

description, uniform, or badge, implying that he is registered under this Act or is recognised by law as a registered nurse, or with intent to deceive makes use of any certificate of registration as a nurse issued under this Act to him or any other person, he shall be liable on summary conviction to a fine not exceeding, in the case of a first offence, ten pounds, and in the case of a second or any subsequent offence fifty pounds.

(2) If any person wilfully makes, or causes to be made, any falsification of any matter relating to the register, he shall be guilty of a misdemeanour and shall, on conviction thereof, be liable to a fine not exceeding one hundred pounds.

EXTENT AND SHORT TITLE.

9.--(1) This Act shall not extend to Scotland or Ireland.

(2) This Act may be cited as the Nurses Registration (No. 2) Act, 1919.

SCHEDULE.

CONSTITUTION OF COUNCIL.

1. The Council shall consist of twenty-five members.

2. On its first constitution the Council shall be composed of the following persons, namely:—

Two persons, who shall not be registered medical practitioners, or nurses, or persons concerned with the regular direction or provision of the services of nurses, appointed by the Privy Council;

Two persons appointed by the Board of Education;

Five persons appointed by the Minister of Health, after consultation with persons and bodies having special knowledge and experience of training schools for nurses, of the work of matrons of hospitals, of general and special nursing services, and of general and special medical practice;

Sixteen persons, who are or have at some time been nurses actually engaged in rendering services in direct connection with the nursing of the sick, appointed by the Minister of Health after consultation with the Central Committee for the State Registration of Nurses, the College of Nursing, the Royal British Nurses Association, and such other associations or organised bodies of nurses or matrons as represent to the Minister that they desire to be consulted in the matter.

3. The first members of the Council shall hold office for such term, not exceeding three years from the commencement of this Act, as the Minister of Health may determine.

4. After the expiration of the term of office of the first members of the Council, the Council shall be composed of nine persons appointed respectively by the Privy Council, the Board of Education, and the Minister of Health as aforesaid, and of sixteen persons, being persons registered as nurses under this Act, elected in accordance with the prescribed

scheme and in the prescribed manner by the persons so registered at the date of election.

5. Any members of the Council other than the first members thereof shall hold office for a term of five years.

6. If the place of a member of the Council becomes vacant before the expiration of his term of office, whether by death, resignation, or otherwise, the vacancy shall be filled by appointment by the body or persons by whom the member was appointed, or if the vacating member was an elected member by the Council.

The Council in co-opting a member under the foregoing provision shall, so far as practicable, select a person, being a person registered as a nurse under this Act, who is representative of the same interests as those represented by the vacating member.

Any person appointed or elected to fill a casual vacancy shall hold office only so long as the member in whose stead he is appointed or elected would have held office.

7. Any member ceasing to be a member of the Council shall be eligible for re-appointment or re-election.

8. The powers of the Council may be exercised notwithstanding any vacancy in their number.

A COMMON REGISTER.

The one sincere regret of every member of the Central Committee for the State Registration of Nurses, which has been working for a United Kingdom Bill, is that the Minister of Health has not found it possible, in collaboration with his colleagues, to provide for the inclusion of Scottish and Irish nurses under the jurisdiction of one Central Council.

In the course of the debate on the Second Reading of the Bill, however, the Secretary for Scotland, the Right Hon. Robert Munro, K.C., M.P., announced that a Bill on similar lines to the one for England and Wales was already drafted for Scotland, and the Minister of Health announced that the Irish Office had the matter under consideration. He said, further, that with the arrangements made for the interchange of Registers, no doubt there might be set up a common Register.

IRISH NURSING BOARD.

The Chairman of the Council of the Ministry of Health for Ireland received a deputation on the 11th inst. from the Irish Nursing Board and the Irish Nurses' Association, in order to discuss the urgency of having a Bill for the State Registration of Irish Nurses, introduced at the same time and on the same lines as the Bill introduced on November 6th, by the Minister of Health for England and Wales. The Chairman was very sympathetic, and informed the deputation that he was doing all in his power to further the interests of Irish Nurses in this matter.

M. L. O'KEEFE,
Secretary.

OUR PRIZE COMPETITION.

WHAT ARE THE PROBABLE CAUSES OF OTORRHOEA AND HOW WOULD YOU NURSE SUCH A CASE? WHAT COMPLICATIONS MIGHT ARISE, AND HOW WOULD YOU RECOGNISE THEM?

We have pleasure in awarding the prize this week to Miss S. F. Rossiter, Royal Naval College, Osborne, Isle of Wight.

PRIZE PAPER.

To understand causes and complications of otorrhœa one must be acquainted with the anatomy of the ear. The ear consists of:

(1) *External ear or Pinna*, connected by short passage, called Auditory Meatus, with

(2) *Middle ear or Tympanum*, containing three ossicles or small bones, namely: Incus, Anvil, Malleus. It is shut off from external ear by a delicate structure called the Tympanic Membrane.

(3) *Internal ear*, containing the essential mechanism of hearing, consisting of the Labyrinth or entrance, the Cochlea and semi-circular canals communicating with brain by means of auditory nerve. The semi-circular canals are also concerned in maintenance of equilibrium.

Otorrhœa is a common complication of Scarlet Fever, Measles, Diphtheria, Tonsilitis, and Naso-pharyngeal Catarrh. It is easily caused by too forcible irrigation of the post-nasal spaces. It sometimes occurs after operation for removal of septic adenoids.

From the foregoing it will be seen that the primary cause and seat of infection are the throat and pharynx.

It can be divided into four types: (1) Acute Catarrhal, (2) Chronic Catarrhal, (3) Acute Purulent, (4) Chronic Purulent.

In the Acute Catarrhal condition, which is most prevalent in children, if there is lasting acute pain, the tympanic membrane is sometimes punctured by surgeon, the operation being called Myringotomy. Heat applied in the form of fomentation behind and in front of ear, or the application of a rubber hot water bottle, often relieves the pain. The meatus must never be so blocked with wool that drainage is interfered with.

Chronic Catarrhal Otitis Media is the result of an unresolved acute attack, and frequently the cause is Naso-pharyngeal Catarrh. In this case the treatment is usually directed to the pharynx, and here the greatest care must be exercised by the nurse, for if irrigation of pharynx is ordered it will be easily seen that great damage can arise from forceful injection of fluid. If this is done by means of douche can with tubing and nozzle, the force can be

regulated by pressure upon the tubing and by height at which douche can is held.

In the Acute Purulent type, which usually results from inflammation caused by pathogenic germs spreading along Eustachian tube into middle ear, suppuration is set up, which may perforate tympanic membrane and drains into meatus. If irrigation or douching be ordered, it must be carried out with the greatest care and gentleness. The nurse should stand opposite affected ear, which should be lifted between thumb and forefinger upwards and backwards, thus straightening the canal. The lotion, which is usually some weak antiseptic, *e.g.*, Boracic, should be prepared at 95° F. The nozzle used should be directed from just inside pinna towards the roof of canal, thus enabling the return fluid to travel out along floor of meatus. The meatus is afterwards carefully dried out. Where there is a copious discharge, excoriation of the canal and external ear may occur. This may be avoided by dusting the part with fine boracic powder; the ear is then covered with pad of wool and bandage. If a pledget of wool is placed in ear the nurse must observe that it is not pushed into meatus, thus preventing free drainage.

Many surgeons do not advocate douching during the early stages, but like the ear just swabbed out with wool or gauze drain. If the discharge is thick and tenacious, sometimes warm Hydrogen Peroxide drops are inserted before swabbing out.

In the Chronic Purulent type the cause is often found to be caries of the ossicles. The treatment is generally more rigorous than in the acute stage, and frequent irrigation may be ordered.

The general treatment consists of bed, nourishing diet, and avoidance of constipation.

The complications are:—(1) Loss of hearing, from damage to auditory nerve; (2) Mastoid abscesses, from infection of cells in temporal bone, sometimes resulting in necrosis of mastoid process of bone; (3) Meningitis; (4) Cerebral abscess; (5) Phlebitis, causing often thrombosis in lateral sinus and jugular vein. The unfavourable signs to be watched for and reported are:—(1) Sudden cessation of discharge, with rise of temperature; (2) Severe headache and drowsiness; (3) Rigors; (4) Vertigo and Nystagmus; (5) Vomiting.

The pulse is often found to be slow, full, and sometimes irregular.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Winifred Appleton, Miss M. James, Miss P. Thomson.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

TRAINED NURSES' ANNUITY FUND.

We remind our members once more of the Sale of Work to be held in aid of the above fund on Friday, November 28th, at 67, Eaton Place, and we ask the members of the R.B.N.A. and affiliated societies to set aside that afternoon in order to attend the sale. Her Royal Highness the Princess Christian will open the sale at noon.

We take the opportunity to thank those members of the Association, who have sent so many beautiful pieces of work and generous subscriptions for their great kindness to the aged and sick members of the nursing profession.

[SALARIES.

Not long ago, while discussing the question of nurses' salaries, a casual remark received the astounding reply that to raise the nurses' salaries would cause them "to lose the spirit of nursing." An enquiry as to whether the medical men in Harley Street and elsewhere had lost the spirit of healing, because they obtained the just award of years of study and labour, met with no response. It is just because their qualifications have been recognised at their true value that it has been possible for them to raise the standard of their profession and to enlarge its borders. And so it would be with the nursing profession if the members of it were justly treated. It is all very well to talk of their service to the State, and then pay them less than the salary at which one can procure a domestic servant. Only by giving to the nurses the chance of a reasonable degree of comfort, leisure and freedom from anxiety, as to their future, can you expect them to possess anything of the bright, alert personality that is the enviable quality of the V.A.D. who has not had most of the mentality driven out of her by long hours of routine and the cramping bands of poverty.

The nurses are, in effect, the last British wage slaves, and it is really better to be a slave in the ordinary sense of the word than to be such a wage slave. In the first case the employers would at least take considerable care of her health and, for their own credit, would see that she was properly clothed, whereas, in the case of the wage slave, she may break down and drop out of the

ranks, and there will be a hundred younger and stronger women ready to step into the place she has lost.

Various reports on nurses' salaries have been drawn up, but they are but as sounding brass and a tinkling cymbal unless nurses are going to make an effort themselves to take up the cudgels and enforce a better scale than at present exists. On every hand the nurses are exploited and, except on the part of the nurses outside the institutions, no stand is ever taken to improve matters. Full advantage has been taken by their employers of the lack of co-operation between the members of the profession themselves and, in case they should show signs of asking for salaries better than, or as good as, those of domestic servants there have been liberally purveyed all those sweet, sentimental platitudes, we are accustomed to, on the vocational aspect of nursing. Such an aspect was all very well in the old conventual times, when those who cared for the sick were assured of care and affection in their old age, but the halo, so often metaphorically pressed on the meek head of the nurse, is soon lost sight of when a premature breakdown or old age makes her dependent upon the resources of others. Then we hear every possible cause put forward as the reason for her indigence except the right ones that she has never stood up for her own economic independence, that she has been forced to commence the actual practice of her profession at a much later age than any other class of women, and that, owing to this, and that she wears out sooner than a woman in some less strenuous branch of work, she has comparatively few years in order to secure independence for herself. Considering the short working life of the nurse her remuneration should be higher rather than lower than that of other women. We hear so much everywhere of the great privilege of caring for the sick, and no one questions this; but what we do question are the conditions of service at the present time. If it is the privilege of the nurse to give such service, equally it is the privilege of the public to see that she does not have to render all the sacrifice as well as all the service, to see that at least she is given opportunity to enjoy some of the good and gracious things of life, and to provide against dependence in her later years.

PASSIVE RESISTERS.

A member of one of the affiliated societies described, not inaptly, those nurses who had joined neither one of the societies nor the College of Nursing, as passive resisters. It looks now as though they might have but a few weeks left to them in which to take themselves out of this unpleasant category. The nurses banded together in the societies have fought splendidly and loyally for a great reform, and among the working nurses of the R.B.N.A. are to be found many who have taken a very active part indeed in helping forward the measure. We are not likely to forget what they did last summer, when the Central Committee's Bill was receiving the consideration of the House, and we hope that now, just as the great reform is passing through the Houses of Parliament, nurses who have not yet belonged to any of the societies will come in and join forces with those who have fought and paid for their Registration Bill. The benefit of belonging to the Royal British Nurses' Association will not be lessened because an Act of State Registration has been achieved. Its members will still be able to lay claim to the title of Chartered Nurses and to the prestige which this gives to them. All those who wish to be members of it at the time of the passing of the Bill, to take their place in the ranks of the reformers, under the banner of the Royal Charter, should write at once to the Secretary, 10, Orchard Street, Portman Square, for the Application Form. The fee for registration is five shillings, the annual membership subscription, five shillings, and the cost of the beautiful bronze badge is four shilling and sixpence.

APPOINTMENTS.

Miss Isabel Patrick has been appointed Health Visitor under the Urban District Council of Mitcham. During the war Miss Patrick has been acting as Health Visitor at Willesden, where she has been extremely popular among her fellow-workers, and she has a great faculty for securing for herself a welcome in the homes of the poor, a great asset when one has to advise working mothers. She was trained at Ancoats Hospital, and possesses the C.M.B. Certificate besides being trained in massage. She became a member of the R.B.N.A. in 1905.

Miss Patrick is well known to members of the R.B.N.A., and carries with her many good wishes for the success in her new work.

Miss McAra has been appointed Superintendent of the Anderston District Health Association, and her energy and knowledge of life and its affairs are likely to be of great practical value in such an appointment. She joined the Association in 1912, after taking her general training at the Royal Infirmary of Glasgow. Later she studied massage in London and orthopaedic nursing in Massachusetts. During the war she did military service under the French Government, and she has very considerable knowledge of conditions affecting child life, as she worked for a year as School

Nurse in Glasgow. Miss McAra's name is familiar to most of our readers, as she is a frequent contributor to **THE BRITISH JOURNAL OF NURSING**, and she takes a keen and active interest in all matters which affect the welfare of her profession.

THE NURSES' LIBRARY.

Mrs. Bedford Fenwick has generously presented to The Nurses' Library, at 10, Orchard Street, a large number of books on Nursing and Hygiene. We would remind the nurses that members of the Association are entitled to borrow books from the library on the condition that they pay postage to and from the office. If a member, who has borrowed a book, desires to keep this longer than a fortnight, notice of renewal should be sent to the office. A great deal of extra trouble is caused by members failing to observe this rule, or to return the books when they have finished with them, and we beg all those who do borrow books to avoid giving unnecessary work in this connection.

CORRESPONDENCE.

To the Secretary, R.B.N.A.

DEAR MADAM,—I quite agree with "M. R." that there is no one so democratic as the real aristocrat, and the finest example of this I have ever known is our own dear President. The Members of the R.B.N.A. will never forget how she has stood by the rank and file, how she stood aside at the great crisis of 1917 and said that we, the *nurses*, would decide what was best for the *nurses*, and how she has helped us all along the line since then. The R.B.N.A. has played the game to the rank and file of the nurses and we are glad to see that a clear-sighted colonial appreciates this. I am always glad to see a member of our Australian Branch writing in the Journal and I thank "M. R." for her letter. Yours sincerely,

C. LIDDIATT.

DONATIONS.

The Hon. Treasurer begs to acknowledge with thanks the following donations:—

GENERAL PURPOSES FUND.

Miss B. Kent, £1; Miss A. Jordan, 10s.; Sister Kinsey, 10s.; Mrs. Rogers, 10s.; Miss G. Steuart, 9s.; Miss Shorter, 5s.; Miss O. Duddington, 5s.; Miss J. Simpson, 6d.; Miss L. M. Stuart, 6d.

STATE REGISTRATION.

Miss A. Davis, £2 18s. 6d.; Mrs. Gotlob, £1 10s.; Miss R. Conway, £1 1s.; Mrs. Adamson, £1; Miss L. Jackson, £1; Miss Allbutt, 10s.

HELENA BENEVOLENT FUND.

Marcus Bowlan, Esq., M.D., £1 1s.; Mrs. Watkins, £1; Mrs. Bearcroft, 10s.; Miss Roberts, 10s.; Miss A. M. Coote, 5s.; Miss L. Wallace, 1s. 6d.; Miss Blizard, 1s.; Miss Morris, 1s.; Miss G. Steuart, 1s.

SETTLEMENT FUND.

Miss White, 2s. 6d.

(Signed) ISABEL MACDONALD,
Secretary to the Corporation.
10, Orchard Street, W.1.

NURSING ECHOES.

Sir William James Thomas, the millionaire coalowner and philanthropist, is giving 1,000 guineas to Cardiff Hospital as a thank-offering for the birth of a son. Sir William married in April, 1917, Miss Maud Cooper, of Bexhill-on-Sea, who was assistant matron at Cardiff Hospital, of which he was a generous benefactor.

"Birthday Week" at the Imperial Nurses' Club, 137, Ebury Street, S.W.1, was such a success last year that it has evidently come to stay, and this year it will be observed from Monday, 24th inst., to Sunday, 30th inst., inclusive. An invitation has been issued to the Matrons of the larger London hospitals to meet the Vice-Presidents, and to see the Club, to which many members of their staffs belong, on the 24th, and on Friday, the 28th, at 3.30, there will be a general meeting of members, when a report will be presented. On Sunday, the 30th, there will be special speakers, as well as music, and each day there will be songs, recitations and music in the morning from 10 a.m. to 12 noon, and in the afternoon from 3 p.m. to 6 p.m. The Club will keep open house for the members, but their guests will be charged sixpence each for light refreshments. It is hoped to have a small exhibition of war souvenirs and curios, brought by members from abroad.

It is foolish of the College of Nursing, Ltd., to show its fears of a Nurses' Trade Union so openly. The type of nurse who is satisfied to be "done for," and organised as a war charity promoted and advocated by actresses, as College members are, are not the upstanding, independent type of women who would join a Trade Union. There is room for both. These remarks are called forth by the circular letter just sent, signed by Sir Arthur Stanley, as Chairman of the College, to the nurse members, in which he informs them that: "The College is not encouraging the formation of a Trade Union." He then proceeds to enumerate eleven benefits bestowed upon the nurses through the College, and if ten have no more foundation than the claim stated in No. 6, they do not amount to a row of pins.

It will hardly be believed that the College, after wrecking the Nurses' Registration Bill last summer, has the audacity to claim entire credit for procuring this great reform for the Nursing Profession. It claims, in Clause 6: "Striking success has been achieved in connection with State Registration of Nurses, the

College having, within its first four years of existence, secured a pledge from the Government that they will bring in and pass a State Registration Bill without delay." The College tactics of attempting to "steal the thunder" of the pioneers of nursing reform—its unblushing plagiarism in every direction—has inspired widespread disgust and distrust in the minds of honourable people. This inexcusable attitude may delude ignorant nurses, but it will only stiffen the backs of those who know the truth.

It is the irony of illogical argument that this College letter should end: "Noisy opposition and unscrupulous attacks are best met by the quiet dignity of silence!" Why, then, waste sixteen thousand stamps and envelopes in breaking silence? Or like the immortal Irish bull—is silence, like "reciprocity," to be "all on one side?"

The Minister of Health came forward in the House of Commons on June 27th, well knowing the justifiable indignation of the nurses, when the College representatives by their unworthy tactics obstructed the Central Committee's Bill, and gave a pledge that justice should be done by the Government bringing in at the earliest possible moment a Nurses' Registration Bill. For this generous action it is Dr. Addison, and not the College advisors, who deserves the gratitude and support of the nurses.

After all the talk heard eighteen months ago about the number of women who were likely to train as aviators, it is odd, says the *Manchester Guardian*, to hear that since the Armistice only one woman in this country has qualified for a pilot's certificate. This enterprising woman is an Australian nurse with a record of three years' hospital work in a Cairo military hospital.

After her demobilisation Miss McMaugh, like a good many other Australian nurses, took a full training as chauffeur. Then she became ambitious to fly, and after a month's intensive training she passed the test for her pilot's certificate and indulged herself in the great pleasure of looping the loop. The training cost well over £100, and Miss McMaugh says it was worth it.

She learned on a dual-control machine, and always enjoyed her flights immensely, though at first she felt she would never be able to master the levers. Then suddenly she found it was quite easy, and the thing became intensely fascinating. Miss McMaugh sees no reason at all why women should not take up aviation as a career.

HONOURS FOR NURSES.

The King conferred the following decorations at Buckingham Palace on Thursday, November 13th:—

THE ROYAL RED CROSS (FIRST CLASS).

Queen Alexandra's Imperial Military Nursing Service.—Miss Ida Pooley.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Mary Blair (also received the Military Medal).

Australian Army Nursing Service.—Matron Rose Creal.

THE ROYAL RED CROSS (SECOND CLASS).

Queen Alexandra's Imperial Military Nursing Service.—Anna, Mrs. Gaze.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Ida Bull, Miss Dorothea Grant, Miss Jane Hawkins, and Miss Winifred Linton.

St. John's Ambulance Brigade.—Miss Nora Dillon.

Voluntary Aid Detachment.—Miss Ursula Hall, and Miss Hilda Martin.

At the Investiture at Buckingham Palace, on Saturday, November 15th, His Majesty conferred decorations as follows:—

THE ROYAL RED CROSS (FIRST CLASS).

Miss Castalia Gibb, Queen Alexandra's Imperial Military Nursing Service; Miss Margaret Gordon, Queen Alexandra's Imperial Military Nursing Service Reserve; and Miss Mary O'Neill, Queen Alexandra's Imperial Military Nursing Service Reserve.

THE ROYAL RED CROSS (SECOND CLASS).

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Susan Clarke, Miss Eleanor Davies, Miss Euphemia Kay, and Miss Evelyn Moore.

Territorial Force Nursing Service.—Miss Mary Brownlee, Miss Mathilde Bull, Miss Ruby Gilchrist, and Miss Catherine Pierce.

British Red Cross Society.—Miss Harriet Fraser-Macdonald.

Voluntary Aid Detachment.—Miss Margaret Berry, Miss Marjory Heaton-Ellis, Jean, Mrs. Henderson, Miss Alexandra Ross, Miss Hilda Sandys, Amy, Mrs. Scrimshaw, and Miss Mary Smith.

Australian Army Nursing Service.—Sister May Bartlett, Sister Elizabeth Dalyell, Sister Jessie Gibson and Sister Evelyn Nobbs.

FRENCH FLAG NURSING CORPS.

The souvenir wristlet watches presented to forty Sisters of the F.F.N.C. inscribed "For Devotion to Duty," have evidently been greatly appreciated by the recipients who have already received them. Those awarded to Sisters Sutton, Perkins, Conway-Gordon, Richards, M. Jones, Denson and Wood, who are still working in France, have not been sent; they await a safe means of transport.

The Sisters express their thanks in charming little letters. Sister Ellen Bennet writes from Edinburgh: "I have just received my gold wristlet

watch, and for the moment cannot find words in which to return my thanks. I am very, very pleased with it, and so glad to have it as a memento of the years I spent in France, so please accept my most grateful thanks and kind regards."

Sister Agnes Park writes from Belfast: "What a perfectly lovely little gold watch with bracelet has just arrived. All my best thanks to you and to those who agreed to your suggestion that we should have this most delightful memento of four-and-a-half years' work with the French wounded. And they were such happy years in spite of the war. This watch, with its inscription will be one of my most treasured possessions. Again thanking you for all your great kindness to us all in so many ways."

Sister Eleanor Turnell writes: "I am perfectly charmed with the beautiful gold wristlet watch I received this morning. Thank you so much; and also for the very kind letter which accompanied it. It will always be one of my most valued possessions, and will remind me of the time when I was privileged to nurse the brave French soldiers for whom I have so great an admiration and affection."

Sister Annie Willetts says: "Thank you so much for this beautiful gift. I'll never be able to express exactly what I feel about it. I believe I am most glad to have this dear little watch for its associations. I shall love and treasure it tenderly in remembrance of the time spent amongst those brave French soldiers. I wish I could explain what I feel about it all, but it is not easy, and I know you will understand."

THE BRITISH COMMITTEE OF THE FRENCH RED CROSS.

The Complete Report (1914-1918) of the Comité Britannique, Croix Rouge Française, which has its headquarters in London at 9, Knightsbridge, S.W. 1, and in Paris at 36, Rue de Chateaudun, gives a most graphic and concise account of a vast amount of good work accomplished, which we advise our readers to procure and study. The Committee was formed to administer help given in this country to French war charities, and it has done its work so thoroughly that the President, the Vicomtesse de la Panouse, states in her preface to the Report, "Blessés et repatriés français n'oublieront jamais ce qu'il doivent à la Grande Bretagne; ils l'exprimeront dans leur prières, et l'apprendront à leurs enfants."

The Report relates how the number of wounded to be dealt with far exceeded any estimate, and much equipment was lost in the early retreat. So, from the first, France in no small measure, has had to depend upon outside help. In this supplementary service Britain, with her Empire overseas, has borne a great and honourable part, creating an endurable intimacy between the two peoples.

The general Report concludes: "The task is not yet fully accomplished. If fighting has ceased, its

aftermath calls for reaping. The homeless and destitute, the widows and orphans, the maimed and the blind, the nerve-shattered and tuberculous from war's strain and exposure still need us. As it has toiled in the war, so will the British Committee and its faithful workers spend another full year towards the relief of all this misery, till there is not a man, woman, or child in France who has not felt or realised the meaning of British love and British sympathy."

Each Department (and the British Committee has many) has a brief report of its own.

The Nursing Department was at first in charge of Mrs. Hugh Playfair, and afterwards of Miss Foster, Matron of the Bolingbroke Hospital. In January, 1918, the work of the Anglo-French Committee was transferred from the office of the British Red Cross Society, 83, Pall Mall, S.W., to that of the British Committee of the French Red Cross at 9, Knightsbridge, and the Report states: "The Committee has been fortunate in being able to appoint as Chief Matron Miss E. M. Roberts. . . . The records and duties of both Committees being concentrated in one office has proved to be in every way a success."

The report of the work of the French Flag Nursing Corps (of which Mrs. Bedford Fenwick was Hon. Superintendent and Hon. Treasurer) states that "the services of the members of the Corps won universal appreciation, and the medical officers could not sufficiently admire their skill and devotion to duty. Since the signing of the Armistice the Matron in France has been informed at the Ministry that the Service de Santé has found the F.F.N.C. the most satisfactory of all the nurses, English, French or American, and, should any of them care to remain on after the signing of Peace, they would be only too pleased to place them in their various formations."

PRESENTATION.

A presentation was recently made at Queen Mary's Hostel for Nurses, 50, Warwick Square, S.W.1, to the Lady Superintendent, Miss Frances Smith, consisting of a gold expanding bracelet watch, a jewel case, a bouquet of carnations, and an album containing the names of more than 600 donors. These gifts were a tribute of affection from Nurses who have been guests at the Hostel, and who desired to show some appreciation of their gratitude to Miss Smith who has been Superintendent of the Hostel since its opening in February, 1918. Guests at Warwick Square have always found there an atmosphere of home, due largely to her charming personality.

SCOTTISH NURSES' CLUB.

A concert, organised by the Public Health Nurses, will be held on Saturday, November 22nd, at 7.30 p.m. Lady Reid will preside. The fourth of the series of lectures will be given on Thursday, November 27th, at 8 p.m. Lecturer, Dr. Shannon, M.B., C.M., Ch.B. Subject, "The Call of the Expectant Mother."

APPOINTMENTS.

MATRONS.

Municipal Maternity Hospital, Leicester.—Miss Hilda E. Mason has been appointed Matron. She was trained at the Stapleton Infirmary, Bristol, and has been Sister at the Aberdeen Maternity Hospital, sister four and a half years T.F.N.S., working both at home and abroad, and has also held the position of Maternity Sister of the Labour Ward at the Nightingale Home, Derby.

Maternity and Infant Hospital, Eastbourne.—Miss Z. Hailstone has been appointed Matron. She was trained at the General Hospital, Nottingham, and at the City of London Lying-in Hospital.

Monkwearmouth and Southwick Hospital, Sunderland.—Miss C. R. Wallace has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and has held the position of Matron at the Third Durham Temporary Hospital for Officers and Men, Sunderland.

Ministry of Pensions Hospital, Victoria Park, Leicester.—Miss M. Whent has been appointed Matron. She was trained at the Hospital, North Ormesby, and has held the position of Sister at the Hospital for Women, Soho Square, London, and during the war nursed for four years in France, where she won the Royal Red Cross.

SISTERS.

Municipal Maternity Hospital, Leicester.—Miss Eleanor Wood has been appointed Ward Sister. She was trained at Clayton Infirmary, Bradford, and has held there the position of Sister. Miss Wood holds the Certificate of the Central Midwives Board, and joined the T.F.N.S. in 1916.

Westmoreland Sanatorium for Men, Grange-over-Sands, Lancashire.—Miss Annie Dobie has been appointed Sister. She was trained at the Consumption Sanatorium, Bridge of Weir, and at the Royal Alexandra Infirmary, Paisley, where she acted for a time as Ward Sister. She has also been Staff Nurse at the Norfolk War Hospital, Norwich, and Staff Nurse at the General Hospital, Bury St. Edmunds.

NIGHT SISTER.

Victoria Hospital, Hull.—Miss Margaret Bridgeford has been appointed Night Sister. She was trained at the Royal Infirmary, Edinburgh, and has had training in infectious work at the Leith Public Health Hospital.

HEALTH VISITOR.

Borough of Bromley.—Miss M. Burgess has been appointed Superintendent of Health Visitors and Inspector of Midwives. She is a fully-trained nurse and also holds certificates in Midwifery, Massage, and Medical Electricity, and the Inspector of Nuisances Certificate, and that for Maternity and Child Welfare Workers from the Royal Sanitary Institute.

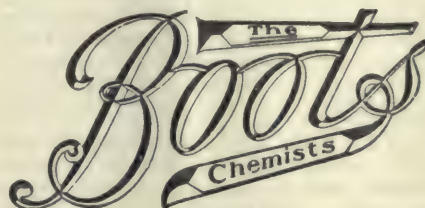
ASSISTANT MIDWIFE.

Bank Hall Maternity and Children Hospital, Burnley.—Mrs. Dinah Widdes has been appointed Assistant Midwife. She was trained at the Cumberland Infirmary, Carlisle, where she has also held the position of Ward Sister, Holiday, Housekeeping, and Night Sister in the same hospital. She is also a certified midwife.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss E. M. Bell and Miss W. M. Thompson have been appointed Nursing Sisters in Queen Alexandra's Military Nursing Service for India.

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used. The keynote of this service is reliability.

First: The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

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SIR JESSE BOOT,
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QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Katherine Hall is appointed to Reading as Assistant Superintendent; Miss Louisa K. Twidell is appointed to Paddington as Assistant Superintendent; Miss Florence May is appointed to Manchester (Harpurhey) as Senior Nurse; Miss Janet Arnott is appointed to Farningham; Miss Dora H. Bennett to Castle Gresley; Miss Blanche E. Cholmondeley to Gosport; Miss Mary Delve to Newton Heath; Miss Sybil Escombe to Ramsgate; Miss Harriette Fowkes to Paddington; Miss Elizabeth Hadfield to Denton; Miss Margaret Hind to Boxgrove; Miss Dymphna Leahy to Six Mile Bottom Estate; Miss Elizabeth Leonard to West Sussex C.N.A., as School Nurse; Miss Catherine MacQuarrie to Norton-in-the-Moors; Miss Ethel Pickering to St. Austell; Miss Ada Powell to Shifnal; Miss Fanny Purselove to Northampton; Miss Elizabeth Rowbotham to Swavesey; Miss Ann H. Smith to St. Olave's; Miss Hannah A. Walton to Birmingham (Summer Hill Road) Branch Home.

COUNCILLOR AMY HUGHES.

Miss Amy Hughes (Municipal Reformer) has been elected a Borough Councillor in the Victoria Ward of Westminster. Her knowledge of social conditions gained during a varied nursing experience, and especially as a Queen's Nurse, Certified Midwife, Superintendent of a Poor Law Infirmary, and until recently General Superintendent of Queen Victoria's Jubilee Institute, should make her advice of value. She has also an intimate knowledge of conditions in Westminster, having worked as a Queen's Nurse in the area for some years.

INTERNATIONAL NEWS.

NATIONAL ASSOCIATION OF ITALIAN NURSES.

In our issue of this JOURNAL for July 5th we referred to the newly-formed "National Association of Italian Nurses" in Rome, of which Her Majesty Queen Elena is Patron and the Contessa Terni de Gregory is the chosen President-General for the year 1919. The office is only held for one year.

It must be remembered that at present there are but few trained Nurses in Italy, so we are not surprised to learn that the qualification for membership is not confined to fully qualified nurses; it is a "National Association of Italian Nurses," not Italian *trained* nurses. That will no doubt come in time, because it is obvious that rapid progress is being made. In a recent letter we have received from the Contessa, she writes: "Practically *all* the trained nurses and most of the leaders of the Red Cross Society and other bodies of voluntary nurses and V.A.D.'s are members—(there are very few trained nurses, so far, in Italy). Miss Gardner was present at our first meeting and said a few words of warm congratulation and encouragement. Of the four-

teen *first* Italian Public Health Nurses trained by Miss Gardner and her staff, ten have already become members of the National Association."

When nurses organize themselves, they are not long in discovering that they cannot get on very fast, or proceed very far on the upward grade of progress, until they have a voice in the Press; so this valiant little body of progressives have founded their own monthly magazine for that purpose. We are grateful to the Contessa for sending us the two first numbers, in the first of which she contributes the foreword; a generous tribute is also given to the work of Miss Gardner and her assistant, Miss Thomson. It is a neat little publication, well edited by V. Moretti, containing interesting articles—one of which is written by Professor Gherardo Ferreri—*notices* and information, and all the usual make-up of a properly edited journal. Inspired by the international spirit which has, we feel sure, been nurtured by the incidence of the Great War drawing nurses of the Allies in closer touch with one another, we warmly congratulate our Italian sisters on their enterprise and commendable progress; and we trust the time is not far distant when we shall have the pleasure of meeting them at one of our international gatherings.

THE "LIFE AND RACE" SERIES OF BOOKS.

This series of books by men and women whose names are a guarantee that they are carefully and discreetly written, while being educationally complete, will serve a very useful purpose in giving a correct knowledge of sex questions. They are published by the Health and Efficiency Publishing Co., 19-20, Ludgate Hill, E.C.4., from which complete lists may be obtained. Orders should be addressed to Department 147. The series includes "Matrimony, its Obligations and Privileges," "Manhood," "Womanhood," "How to Love, the Art of Courtship and Marriage," "Sexual Physiology," and "The Origin and Nature of Sex." Nurses, who need to possess accurate knowledge on these subjects, should find the series most helpful.

COMING EVENTS.

November 20th and 21st.—Royal School of Art Needlework. H.R.H. Princess Christian will hold the Christmas Present Sale and will personally preside each day. Exhibition Road, S.W. 2.30 to 6.30. Admission free.

November 21st.—Society for State Registration of Trained Nurses. Meeting Executive Committee. 4 p.m.

November 28th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness Princess Christian, 67, Eaton Place, S.W., by kind permission of Mrs. Montague Price. 12 noon.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

REVERENT REMEMBRANCE OF THE
GLORIOUS DEAD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The scene yesterday at London's cenotaph must surely have been most beautiful, and unlike anything known in history, but I wonder if anywhere those two silent minutes at the eleventh hour of the eleventh day of the eleventh month were observed with more reverent dignity than in this military hospital. Never since Armistice Day has a service been so well attended, for at 10.55 a.m. the chapel was full to the doors, everyone, both of patients and staff, who possibly could, going there to stand in silent homage to fallen comrades.

The short service opened with—

"God of the Living in Whose eyes

Unveiled a whole creation lies,"

after the singing of which hymn the Padre (the Rev. A. Witt, C.F.) addressed a few words to the congregation, concluding on the last stroke of eleven.

Then silence, so profound that it seemed as though Nature herself stood still, whilst a nation's heart was lifted up in prayer and thankfulness.

And then—the clear notes of the bugle sounding the "Last Post" thrilled through the waiting people, and there could have been few to whom that beautiful eerie call did not bring heart-breaking memories.

A prayer followed "God Save the King," after which was sung "Now thank we all our God."

The Benediction seemed to include more than the men and women gathered there, and when, the service ending with the Doxology, we returned to the duties of the day, one felt that an old book had been re-opened and a new light thrown upon its tear-stained pages.

It is good to have turned them over with gentle hands and loving thoughts.

Lest we forget!

M. DIXON, Q.A.I.M.N.S.R.

Royal Victoria Hospital, Netley.

PROFESSIONAL UNION OF TRAINED
NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—In your issue of the 15th inst., you couple my name with Miss MacCallum's, when congratulating the Union on its initial success. Her share in the work of promotion far outbalances anything that I have done.

On my arrival from Poland, the Provisional Committee had already met once or twice; I was invited to attend and quickly realized that the rank and file had risen at last and that everyone who had the welfare of the profession at heart

must help forward this new movement. As an old campaigner I offered my services. History repeats itself. In 1916, on my return from France, I discovered the College of Nursing, Ltd., had held its inaugural meetings, and after careful enquiries and thorough investigation of the Memorandum and Articles of Association of the Company determined to warn nurses of the trap laid for the unwary. Naturally, my first efforts were directed towards my fellow nurses at Guy's Hospital; the reply of one with whom I trained still rings in my ears, "It's all very well for you, Paterson, you're independent!" Not so economically independent as she inferred, but, thank God, independent in spirit! Returning again from Foreign Service, I find the foundations laid for a Trades Union of Nurses. I have remained in London and turned my war gratuity to account in working for the profession.

Till, however, the N.U.T.N. magnanimously agreed at their Council meeting not to "queer the pitch" of the new Union, I did not join, though, as an individual, I was quite at liberty to work and speak in favour of a Trades Union.

This is going to be a big step forward, a big thing, to be managed by nurses themselves. I advise all who favour T.U. principles to join at once, so that they may have a voice in the management. The constitution must be passed by members, the Council and Officers chosen by members—so let "Do it now" be the motto not "grumble afterwards." I touch again, in closing on the original theme—the Provisional Committee is composed of busy working nurses who, when they give their "off duty" time to the promotion of the Union, give equally with us who happen at the moment to be free.

I am,

Yours &c.,

JENTIE B. N. PATERSON.

NOTICE.

The Editor will be obliged if any colleague in the F.F.N.C. or friend will send her the present addresses of Sisters Dorothy Coppin, Evelyn Bright Robinson, (Mrs.) Sarah Hallam, Martha L. Mann, Louisa M. Mooney, Annie Roberts, and Florence Burn (now married), as their gold wrist-let watches await them.

OUR PRIZE COMPETITION.

QUESTIONS.

November 22nd.—What are the functions of the teeth? What method of caring for them do you advocate—for a school child, for a healthy adult, for a sick person? What untoward conditions may result from defective teeth?

November 29th.—What treatment have you seen given in a case of ex-ophthalmic goitre, and how would you nurse such a case?

HOW TO HELP THE B. J. N.

1. Subscribe to it.
2. Send news to it.
3. Get advertisements for it.
4. Patronise our advertisers.

The Midwife.

CENTRAL MIDWIVES' BOARD.

The monthly meeting of the Central Midwives' Board was held at the offices, 1, Queen Anne's Gate Buildings, Dartmouth Street, S.W. Professor Briggs was in the chair.

REPORT OF STANDING COMMITTEE.

A letter was received from the Secretary of the Medical Board of the Maternity Hospital, Birmingham, asking the Board to consider the advisability of (1) holding six examinations in Birmingham yearly, (2) of increasing the length of training of pupil midwives at that hospital without nursing experience to eight months, and (3) in the event of the Board not deeming these proposals desirable, asking that a deputation might be received.

The Board decided not to accede to (1) and (3), and to point out that there is nothing to prevent the Birmingham Maternity Hospital from increasing the length of training of its pupil midwives if it so desires.

In respect to a question from the M.O.H. for Nottingham with regard to Miss Annie Jones, an approved trainer of pupil midwives being allowed also to be superintendent of a General Nursing Home, the Board decided to reply that it saw no objection so long as Miss Jones discharged her duties as a trainer efficiently.

A letter was received from the Medical Superintendent of the Kensington Union Infirmary stating that he was proposing to treat cases of pregnant women suffering from Venereal Disease in the Infirmary in a separate block, and with a separate staff of nurses, and asking the Board's views on the matter.

The Board decided to reply that it saw no objection to the proposal, provided the conditions mentioned in the letter were strictly observed, and that pupils should be trained chiefly on non-venereal cases.

The Board decided to accede to a request from THE BRITISH JOURNAL OF NURSING for an increase in the sum paid for their advertisements, in consequence of the great rise in the cost of printing and paper.

A letter was received from the Hon. Organising Secretary of the National Union of Trained Nurses, submitting copy of a Resolution passed by its Executive Committee on the question of the constitution of the Central Midwives' Board.

A letter was received from the Ministry of Health concerning complaints as to the training of midwives at a Union Infirmary, stating there was a distinct improvement in the conditions at that Infirmary.

It was decided to thank the Ministry of Health for the steps they had taken in the matter.

A letter was received from the Secretary of the Midwives Institute concerning the circumstances of the prosecution of a midwife for not notifying

the Local Sanitary Authority in an alleged case of Ophthalmia Neonatorum, and asking the Board to make representations to the Ministry of Health with a view to getting the said Article repealed and brought into line with the rules of the Board.

It was decided to take the course suggested.

A letter was received from Mr. C. E. L. Lyle, M.P., Chairman of Queen Mary's Hospital for the East End, asking the Board to reconsider the applications of a member of the nursing and of the medical staff as a trainer of pupil midwives, and lecturer at the hospital respectively. It was decided that Mr. Lyle be informed that two members of the Board will visit the hospital at a time to be agreed, and will report to the Board at its next meeting. A similar reply was agreed upon in another case.

A letter was received and considered from Dr. Fothergill complaining of the instruction given to pupil midwives in connection with cases of ante-partum hemorrhage, and suggesting that the Board should instruct teachers not to teach midwives to do things on which medical opinion is divided. It was decided to thank Dr. Fothergill for his letter, and to point out that the examiners held in their hands the character of the teaching.

The Chairman submitted the following draft setting forth the Board's views with regard to applications from Institutions contemplating the training of pupil midwives.

NOTICE TO INSTITUTIONS.

Any Institution which contemplates training pupil midwives for the certificate of the Central Midwives Board, should communicate its intentions *before* it invites or receives pupils.

If it fails to do so, and trains pupils, it renders itself liable to difficulties with pupils so accepted, in the event of the refusal of recognition by the Board.

If it notifies to the Board its intention of training the Board may (if it thinks all the arrangements promise well) advise the Institution to commence or to continue training, and to re-apply at a later date.

When this second application is made, the Board may (if it is satisfied as to the training) recognise the training carried on since the commencement.

The draft as submitted by the Chairman was approved.

The Shoreditch Council have purchased a site for the Central Maternity and Child Welfare Centre, towards which the Carnegie United Kingdom Trust are giving £25,000.

Rathdrum Guardians have increased the salaries of eight dispensary midwives from £20 and £25 to a flat rate of £50 each.

THE BRITISH JOURNAL OF NURSING

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Vol. LXII

EDITORIAL.

A MEMORIAL TO AMERICAN WAR NURSES.

During the great war, as a result of their war service, no less than 284 American nurses—of whom 101 are buried in France—gallantly laid down their lives in the service of their country and of humanity, and it is the natural desire of their colleagues to pay tribute to their memory.

The Joint Boards of Directors of the American Nurses' Association, the National League of Nursing Education, and the National Organisation of Public Health Nursing, of which Miss Clara D. Noyes is Chairman, who have had the question of a memorial under consideration, have decided that the most suitable would be to aid in the development of the Nursing Service of France, and that the Florence Nightingale School at Bordeaux (attached to the Maison de Santé Protestante), and its urgent needs, afford a most appropriate opportunity for giving effect to this plan.

Readers of this Journal are well informed as to the fine work carried on in this School under the direction of Dr. Anna Hamilton, since 1901.

Like all pioneers, Dr. Hamilton has had uphill and difficult work, but she has never compromised on principles, or lowered standards for expediency, and to-day the reputation of the Maison de Santé Protestante at Bordeaux, and its alumnae, is so high that its training school is much too small for the demands made upon it; but, with facilities for expansion, its work for the good of the community could be very greatly extended.

Some little time ago, as we then reported, Dr. Hamilton received a gift of a beautiful site for a new hospital at Bagatelle, outside Bor-

deaux, and sees her way clear for the erection of the hospital proper, but funds are not available for building the Nurse Training School.

Nurses in the United States, through the Directors of their National Associations, have therefore unanimously decided to raise 50,000 dollars (£10,000) to erect an attractive and comfortable Home for the nurses, and to include the necessary class rooms and laboratories for the teaching work. It is felt that they could not establish a more useful and enduring memorial to American nurses than by helping in this way to train, and send out, numbers of French nurses who will give the same kind of service to their country, and who will perpetuate the same high traditions of nursing. The Home will undoubtedly have a far-reaching influence in more widely opening up nursing as a profession to educated women in France.

The aim of the Joint National Committee is to secure the funds by December, and those who know the ability with which the affairs of the professional associations of nurses in America are conducted do not doubt that this aim will be realised, and that shortly on the soil of France—in which so many American nurses have been laid to rest—there will arise a memorial of which the beauty and stateliness shall be the emblem of the living work carried on within its walls.

Most sincerely do we offer our congratulations to Dr. Hamilton on entering into the reward of her labours, and the nursing staff of the hospital on having demonstrated to the distinguished American Superintendents, who visited the School during the war, the high standard of the nursing service maintained there, so that on their return home they reported on its value as a factor in nurse training in France in glowing terms.

OUR PRIZE COMPETITION.

WHAT ARE THE FUNCTIONS OF THE TEETH? WHAT METHOD OF CARING FOR THEM DO YOU ADVOCATE—FOR A SCHOOL CHILD, FOR A HEALTHY ADULT, FOR A SICK PERSON? WHAT UNTOWARD CONDITIONS MAY RESULT FROM DEFECTIVE TEETH?

We have pleasure in awarding the prize this week to Miss A. M. Douglas, University College Hospital, W.C.1.

PRIZE PAPER.

The teeth have three functions: (1) to bite; (2) to grind; (3) to aid in voice production.

Animals that use their teeth for defensive purposes have long pointed teeth in the front of the jaw; those that live on herbs are provided with flat-topped grinding teeth. Man has his teeth arranged to suit his method of living. For the first six months of life he lives on milk and does not require them. He then gradually cuts twenty teeth. At the age of five or six these fall out one by one, and are replaced by thirty-two, which accommodate themselves to the growing jaw. Incisors and canine teeth are arranged in the front of the jaw, bicuspid and molars or grinders at the back.

The teeth break up the food into particles and mix it with saliva, so that it becomes a soft mass that can be swallowed without danger of causing an obstruction.

A well-kept set of teeth are not only of benefit to the owner, but aid general health. They are a great pleasure to look at and form an asset to beauty.

A child should be made to clean his teeth before breakfast in the morning and at bedtime as a habit. He should clean them systematically: (1) with teeth closed, brush front teeth, teeth on right side, then those on left side; (2) with jaw open, teeth on left, teeth on right (crowns) in upper and lower jaws; (3) inner side teeth on left and right. The mouth should be washed out thoroughly several times. If possible the child should be instructed how to gargle. When circumstances permit a dentist should see the teeth at least once a year, so that any decay may be detected. Some children require to have teeth extracted to make room when the jaw is unusually small. Sometimes mechanical devices are necessary to keep the teeth straight and within biting distance of each other. All plates should be rinsed after each meal and removed at night when possible.

A soft tooth brush of suitable size should be used, and an antiseptic dentifrice. The least expensive is precipitate of chalk (mixed with

half the quantity of camphorated chalk it is pleasanter to use).

Inflammation of the gums, and even abscesses at the roots of the teeth, are common. Such accumulations of pus are rapidly absorbed into the lymphatic channels, resulting in enlarged glands, tonsillitis and serious systemic poisoning. The normal character of the permanent teeth is frequently greatly impaired both by the local infection of the temporary teeth, and by the effects of the generally lowered vitality.

An adult should clean his teeth in the same manner. It is of course better if they can be lightly brushed after each meal.

All false teeth should be removed at night, cleaned, and left in a tumbler of water until morning.

Decayed teeth should never be left un-stopped as they are the cause of endless disorders. Charcoal gives a bright polish, but corrodes the dentine and leads to decay.

A sick person able to care for his own teeth should be provided with the means after each meal. Those who are too ill require much care in this from the nurse. The mouth should be swabbed out with cotton-wool rolled round the end of a pair of forceps, soaked in glycerine and borax or glycerine and lemon. In cases where the mouth and tongue are very coated a weak solution of peroxide may be used, followed by the glycerine. This attention may be required at frequent intervals, varying to three times a day, according to the patient's condition. The mouth-tray should also contain a bowl of weak carbolic (1 in 20) or cresol, into which the used swabs can be put.

Before an operation the teeth and mouth must be thoroughly cleansed, as this helps to prevent post-operation pneumonia and parotitis. False teeth must also be removed and not replaced until the patient has quite recovered from the anæsthetic.

Defective and decayed teeth are responsible for disorders of the whole body: (1) Nasal disorders (communication via anterior nares); (2) oral diseases (via Eustachian canal); (3) throat infection; (4) dyspepsia; (5) parotitis; (6) pneumonia; (7) gingivitis; (8) inflammation and ulcers of the mouth.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss P. Thomson, Miss J. Mason, Miss M. Robinson.

QUESTION FOR NEXT WEEK.

What treatment have you seen given in a case of ex-ophthalmic goitre, and how would you nurse such a case?

NURSING ECHOES.

Mrs. Bedford Fenwick has accepted the office of Advisory Matron for the selection of Sisters to work in the devastated districts in France for the *Comité Britannique Croix Rouge Française*. Sisters Conway-Gordon, Dora Sainsbury, Anna B. Banks, and F. Adine Wood, late F.F.N.C., are already doing useful work in this connection.

Miss Emily Haswell passed through London for Paris this week, after her two months' visit to America. She has had a wonderful time, and greatly enjoyed the experience. The eight-hours' day for hospital nurses is now becoming very general in the United States, and is arranged by extended hours off duty daily, and not by three shifts, which is so trying to sick people.

A quiet day for prayer and meditation will be held, in connection with the Nurses' Missionary League, at St. Mary Woolnoth, Lombard Street, Mansion House, E.C., conducted by the Rev. H. St. B. Holland, M.A., on Tuesday, December 2nd, beginning with Holy Communion at 10 a.m. Leaflets giving details of the arrangements may be obtained from the Secretary, Miss H. Y. Richardson, 52, Lower Sloane Street, S.W.1.

The new Nurses' Home at Barts has become a live subject, after many days. We remember plans in draft in the year 1886. Lack of a Collegiate Home has retarded progress in the up-to-date training of the nursing staff in a marked manner. As yet there is no preliminary training home in connection with the hospital, and it is hoped one will be established for pupil-probationers as part of the Queen Mary's Home for St. Bartholomew's Nurses.

Now that Sisters are returning to their wards in many general hospitals, quite a few Mons ribbons are to be seen about. This is a much coveted honour.

Two vacancies for Matrons' posts, for which there is sure to be keen competition, are those at the London Homœopathic Hospital, Great Ormond Street, W.C., where the nurse-training school has justly a high reputation, and the Royal Albert Hospital, Devonport. Particulars of both vacancies will be found in our advertisement columns.

A meeting of the Mothers' Defence League,

held at Caxton Hall, Westminster, last week, adopted a resolution protesting against "the increasing invasion of the home as a menace to individual liberty, and to the rights of parents over their children."

The protest was made in connection with the periodical visits of the Ministry of Health officials, and Mrs. Cecil Chesterton expressed the belief that it was the intention of the Ministry of Health to give the Health Visitors power to enter the houses of the poor, whether the people wish it or not. We cannot believe this is correct.

The Women's Freedom League holds its annual Green, White and Gold Fair at the Central Hall, Westminster, on November 28th and 29th, when a Model Parliamentary Election will take place at 4.30 on the 29th inst. The six women candidates will each give an election address of five-minutes' length, after which each candidate will be exposed to five minutes' heckling. Then polling will take place. The candidates are: Miss Nina Boyle (Conservative), Miss Froud (Women Teachers' candidate), Councillor Beatrice Kent (Nurses' candidate), Miss Anna Munro (Independent), Mrs. Keevil Rickford (Labour), Miss F. A. Underwood (Independent Liberal). The chairman will be Miss Janet Gibson.

The Proportional Representation Society are providing the ballot papers, and taking the count. A short explanation of the system will be given, and the voting will provide a practical demonstration of the working of this method. All over 21 are urged to vote.

An over-zealous woman tariff-reformer asked a policeman on Finsbury Pavement what were his political beliefs. But her strange conduct caused an amused crowd to collect, and she was arrested.

When she was charged at the Guildhall on Saturday with disorderly conduct, the constable said that the woman, whose name is Kate Brown, a nurse, asked him whether he was a tariff-reformer. He replied that, as a policeman, he did not enter into politics, whereupon she said: "You are a lot of rogues and thieves, and half the robberies are attributed to the police. I am proud of the fact that I am not an Anglo-Saxon, because they are all half-German. Why, we shall have the Germans over here shortly eating off our tables."

"I pointed out to her," said the officer, "that a crowd had collected, and asked her to go away, when she produced a pair of lorgnettes and scanned the crowd."

The alderman, discharging her, said that if

she had anything to ventilate she must take a hall, and not go into the streets.

At the annual meeting of the Hampshire County Nursing Association, held recently at Wolvesey, Winchester, Lady Selbourne hoped a way might be found of co-operating with the Red Cross, who had shown a great disposition to see if some way could not be found. The work of experienced Red Cross workers would be valuable, especially in epidemics, which occasionally came down on the villages.

Miss Montgomery, Matron of the Winchester College Sanatorium, and the first V.A.D. Commandant at Winchester, dealt with Lady Selbourne's suggestion, and said it seemed to her possible that V.A.D.'s who were recommended by their Commandants as dependable workers, perhaps with two years' experience, should send in their names to the County Superintendent, stating that they were willing to be called to work for periods of one, two, or three months between certain dates. She felt that in these days all such work should be paid, and it would then be open for those who liked to give their services to make a return to the Association in the form of a donation. All work should be paid for at its right value.

This suggestion appears economically very unsound. Why should persons be paid for competing with district nurses, so that money they need to support them should be handed over by women of independent means, in support of County Nursing Associations? It is a pity trained Matrons do not realise how unfair such competition is to the self-supporting nurse.

The Sub-Committee on Nurses' Qualifications and Salaries of the Educational Authority of Glasgow recommended at a recent meeting that the following scale of salaries be adopted, and that it take effect as from May 16th last:—Minimum, £130; annual increment, £10; maximum, £200—with "placing" on the basis of this scale, i.e., the "placing" to be based on a minimum salary of £130, with £10 added for each year of approved service in school work up to the maximum of £200—the new salary to be inclusive of war bonus and laundry allowances.

After discussion, on a division the sub-committee's recommendations were carried by a large majority.

A Scottish nurse writes:—"So far as I am aware this is the highest scale of salaries which has been conceded for municipal nurses in Scotland, and is the result of a long struggle on the part of the nurses themselves for better conditions."

ARMY NURSING NOTES.

The Prince of Wales decorated several American Nurses with the Royal Red Cross during his visit to the States. Needless to say, His Royal Highness delighted Americans generally by his unaffected charm.

WAR NURSES' MEMORIAL FUND COMMITTEE.

The following ladies now form the Committee of the War Nurses' Memorial Fund recently inaugurated:—Chairman, Miss Beadsmore-Smith, C.B.E., R.R.C., Matron-in-Chief, Q.A.I.M.N.S.; Dame Ethel Becher, G.B.E., R.R.C.; Dame Maud McCarthy, G.B.E., R.R.C.; Dame Sidney Browne, G.B.E., R.R.C., Matron-in-Chief, T.F.N.S.; Miss Cox Davies, R.R.C., Principal Matron, T.F.N.S.; Miss Steen, R.R.C., Matron, Q.A.I.M.N.S.; Miss Palin, M.B.E., R.R.C., Matron, T.F.N.S.; Miss G. Galloway, A.R.R.C., Sister, Q.A.I.M.N.S. Res.; Miss H. M. L. Cox, Staff Nurse, Q.A.I.M.N.S.

HELP FOR NURSES DISABLED THROUGH WAR SERVICE.

A nurse who has been discharged or demobilised from any of the Services, and is in receipt of Retired Pay, or gratuity in lieu of Retired Pay, for a disability due to or aggravated by war service is entitled to assistance from the Ministry of Pensions, and any nurse who is suffering from a disability which she believes to be due to or aggravated by war service, but for which she is not in receipt of Retired Pay, or gratuity in lieu thereof, is entitled to have her claim to Retired Pay and medical treatment considered. There appears to be some doubt as to the proper authority to approach in seeking for assistance, and nurses should, in all cases communicate in writing with the Secretary, M.S.2. (Officers), Ministry of Pensions, 14, Great Smith Street, Westminster, S.W.1.

Nurses are advised to obtain medical evidence of the present condition of their disability and, when possible, some evidence of its causation or aggravation by service where this has not been established. These documents should be forwarded with the nurse's application.

Should a nurse merely require advice on a question of Retired Pay or medical treatment, she is recommended to apply to the Officers' Friend, Ministry of Pensions, Westminster House, Millbank, S.W.1.

GRATITUDE OF CANADIAN NURSES.

This week, says *The Canadian Gazette*, has seen the last of the Canadian nursing sisters return to Canada, with the exception of some ten who are detailed for duty in connection with the transportation to Canada of soldiers' dependents. Before they left they did some very graceful acts worthy of the warm hearts of Canadian women. They raised a fund among themselves to be devoted to various purposes. To begin with, they subscribed £5 to the Q.A.I.M.N.S. and Territorial

Force Nursing Sisters War Memorial Fund. They placed wreaths on the graves of Canadian nursing sisters in England, and they asked Lady Sybil Grey, who is in France, to place wreaths on Canadian nurses' graves in that country, sending her a sum of money for the purpose. The Canadian sisters have also seen to it that the graves of their comrades who died during the war have suitable headstones.

To the Hon. Mrs. Ronald Graham Murray, who lent her house in Cheyne Place as a nurses' rest home, the matrons and nursing sisters have presented a silver jewel case ornamented with a gold maple leaf and bearing the inscription, "Presented to the Hon. Mrs. Ronald Graham Murray, by the Overseas Canadian Army Nursing Service, in happy recollection of her kind hospitality." A similar casket was presented to the Hon. Mrs. John Gretton, who lent her house in Ennismore Gardens as a nurses' rest home. To Miss Edith McDougall, who maintained a home for nurses at St. Lawrence, Isle of Wight, and reserved four beds in it for Canadian nurses, a similar casket was also given.

To Dame Maud McCarthy, R.R.C., Matron-in-Chief, B.E.F., a silver photograph frame, bearing a gold maple leaf, was presented in token of her kindly interest in and assistance to the Canadian Army Nursing Service. To Lady Astor a silver casket similar to that already described was presented in grateful memory of her kindness to the Canadian nursing sisters from the time they arrived, and of her interest in their work and recreation. The nurses also subscribed to a fund for a presentation to Mrs. Kerr-Lawson, Superintendent of the Queen Mary's Hostel for Nurses.

The matrons and nursing sisters of the Canadian Service have greatly appreciated the many kindnesses and courtesies which they have received, and the wonderful hospitality which has been extended to them. They are very grateful, and will always remember with great pleasure the warm welcome they have received in the Motherland.

STAYING POWER OF SOUTH AFRICAN NURSES.

Worthy tributes have been paid to the fighting men of South Africa, but if you ask the soldiers themselves, says *South Africa*, they consider that not nearly enough has been said of the South African nurses who helped so much to bear the burden of these anxious years, alike at the Richmond Hospital and near the firing line in France. The Matron of the South African Nursing Contingent, Mrs. Creagh, O.B.E., R.R.C., told the story of her unit in an interview. The Contingent, since the autumn of 1915, has been busy, first in England, and then in France, working among the sick and wounded from the battlefields of the Western front. Mrs. Creagh is impressed by the remarkable staying power, as well as the high professional quality, of the South African nurses who formed her staff, and not less so by the cheerful readiness of the South African orderly, unused as South African boys are to menial duties of any kind, to carry out the most distasteful tasks associated with running hospitals.

NURSES REGISTRATION (No. 2) BILL. DEBATE ON THE SECOND READING.

SECOND READING MOVED BY MINISTER OF HEALTH.

In the House of Commons on November 18th, when the third Order of the Day, Nurses Registration (No. 2) Bill was reached, and read, the Minister of Health (Dr. Addison) moved the Second Reading in the following words:—"I beg to move that the Bill be now read a second time." He continued:—

This Bill is upon a subject, which has been before the House for very many years in a sporadic form, and has often been the subject of private Members' Bills, which have shared the usual vicissitudes of those measures, and, unfortunately, at different times its course has been a good deal interrupted, and sometimes, perhaps, made difficult, by various controversies which have arisen around this subject amongst different persons interested in it. It is one of our purposes to improve the condition of the nursing services throughout the country, and there are few matters more important to the well-being and the health of sick people and the nurture and care of young children than an additional and better provision of well-qualified nurses, and it is essential, as a first step to placing these services upon a proper basis that we should know who those nurses are. Therefore, it is that the provision of a register, properly drawn up, of those who are entitled to be registered, is the first condition to an extensive improvement in the nursing services. Also, I hope it will indirectly do a great deal to improve the nurse's pocket, because, I am sorry to say, that the payments which have been made to nurses have often been of a very discreditable kind, in my opinion—much less than the wages of an ordinary cook or kitchenmaid—and it is thoroughly discreditable that it should be so. At the same time, their training is exceedingly arduous, their hours are very long, and, I believe, arising out of this—although the Bill does not deal with their conditions of employment—we shall take the first essential step to put this great and important profession upon a proper basis. This Bill, therefore, is limited to the compilation of a register and to the setting up of the necessary authority to compile the register, and to prescribe the conditions necessary for admission to it.

ACKNOWLEDGMENT OF MAJOR. BARNETT'S SERVICES.

I think we should not have arrived at this stage—at any rate at this juncture—had it not been for the services rendered to this cause by the Bill introduced earlier in the Session by the hon. and gallant Gentleman (Major Barnett), who brought the matter to a head, and in the course of the discussions on his Bill and on another conflicting Bill which was introduced into the House of Lords, it was quite obvious that a number of controversies of a subordinate character needed to be settled outside before there was real hope of getting a

measure through this House. We are not competent to settle controversies as to the representation of this or that body. They are certainly not appropriate topics for discussion here or in the Committee Room upstairs. It therefore was agreed that if, after discussion with the different parties interested in this, and with all the responsible bodies, a common measure of agreement could be arrived at, I would undertake to introduce a measure to set up a register. After several meetings, which have been held in the most friendly spirit, a common measure of agreement has been arrived at, and is embodied in this Bill.

In the first place, it sets up a council whose business it is to form a register, and it is provided that there shall be various parts of the register—a general part, a register of male nurses, children's nurses, mental nurses, and it may be others—and this council is authorised to draw up rules relating to various subjects, which are subject to the approval of the Minister of Health. When they are made, they will be laid before Parliament, as prescribed by sub-section (4) of Clause 3. The House will have cognisance of them before they become effective. One of the chief reasons for this provision is contained in paragraph (c), sub-section (2), of Clause 3. The House has always taken the view, and, I am sure, rightly, that when a new register is set up we must safeguard the interests of persons who are in *bona-fide* practice in the profession, as as to secure that they have a proper chance of being registered upon that register, notwithstanding that they may not have complied with all the conditions of training that may hereafter be prescribed. That has been the case in all instances. It is provided that within a period of two years after the date on which the rules are made, any person may be admitted to the register on producing evidence that they are of good character, of prescribed age, and for at least three years before the 1st day of November, 1919, were *bona fide* engaged in practice as nurses in attendance upon the sick. That means that a large body of women throughout the country who have been nursing faithfully for many years, but who may not have undergone all the highly-specialised training which may be thought desirable, or may be provided for hereafter, will be fully entitled to be entered upon the register. That is a very important safeguard. The council is given the necessary power to appoint officers and so forth.

THE QUESTION OF FINANCE.

There is no Financial Resolution required for this Bill. It is provided that all nurses should pay a fee of one guinea, and there is to be a fee of 2s. 6d. required annually for keeping the register alive. One of the chief difficulties of this kind of thing is that people move about or die or enter some other profession, and so the register ceases to be a live register. It is very necessary that some steps of a reasonable kind should be taken to keep it as nearly accurate as may be. It may be, though I do not think the necessity will arise, that the income of the council derived from this source will be insufficient to meet its expenses.

I do not think that is likely to arise, but, by agreement with the Treasury, I am authorised to say that if and when any appreciable deficit should occur which could not reasonably have been avoided, and could not be met by other expedients, such as drawing upon accumulated funds or a temporary advance from the Civil Contingencies Fund, the Treasury would be prepared to give favourable consideration to any proposal by me to ask Parliament to Vote a special Grant in aid of such deficiency. It is provided that in the event of any register being set up in Scotland or in any other part of the United Kingdom, the persons thereon entered shall be entitled to be entered on the English and Welsh register. It also is provided that persons who meet the necessary requirements as to training in any part of the British Dominions shall be entitled to be entered upon the register. There are various provisions safeguarding removals from the register, and giving an appeal to the High Court in regard to any alleged unfair removals, and giving an appeal to the Minister of Health in regard to the refusal of the council to approve any institution for training for the purposes of the rules provided under the Act.

THE SCHEDULE.

The main difficulties which arose last year are dealt with in the schedule. The schedule deals with the constitution of the council. It is very desirable that the council should contain a considerable element of nurses actually engaged in the practice of nursing. It is provided that the first council shall consist of twenty-five persons. We have included in this the decision which was arrived at in the discussion in Committee last summer, and it is provided that sixteen persons who are or have at some time been nurses actually engaged in rendering services in connection with the nursing of the sick shall be appointed by the Minister of Health, who is to consult the two main bodies which have been interested in this question, also the nursing body which at the present time has a Royal Charter, and such other bodies as it may be found desirable to consult. The House will remember that the rock upon which the other Bills split was the dispute which arose on the point as to how the council was to be set up. It is to be set up in the manner here proposed in the schedule after consultation, in order to get the register into being. It is then prescribed that after the termination of the office of the first council—and it shall not hold office longer than three years—the sixteen persons mentioned shall be elected by the nurses on the register, and they, together with nine persons appointed by the Privy Council, the Board of Education, and the Minister of Health, will form a permanent council in the manner prescribed in the Bill. In this way we have got over the difficult points of the controversy. I am sure that the more this Bill is examined, the more the House will agree that it is the only way to deal effectively and fairly with the points that have hitherto been in dispute. It is essential that the first step is to get the

nursing profession on to a better and more national basis, and I cordially recommend this Bill to the House for a Second Reading.

MAJOR HURST SUPPORTS THE BILL.

MAJOR HURST (Moss Side C.U.) : I should like to welcome this Bill. The great merit of this reform is that it is a social reform which comes from inside the body affected and not from outside. The real framers of this measure are not the State, or the State officials, but the pioneers in this cause among the nurses themselves. It is well to recognise that a debt of gratitude is due to those who have been pioneers of this movement for many years, and also the fruitful propaganda by which the College of Nursing have brought this scheme within the range of practical politics within the last few years. [The College of Nursing, Ltd., came into the field when the pioneers had convinced both Houses of Parliament of the justice of their claim.—ED.] Major Hurst also spoke on the necessity for safeguarding admission to the Register. He congratulated the Minister of Health on providing for a special uniform and badge for registered nurses, and expressed the hope that before the Bill became law it would give power to deal with the questions of overwork and underpayment of Nurses.

MAJOR BARNETT CONGRATULATES THE MINISTER OF HEALTH.

MAJOR BARNETT (St. Pancras, S.W., C.U.) : As the promoter of the Nurses' Registration (No. 1) Bill, I wish to say a few words in support of the Second Reading of this measure. I was a little sceptical when the pledge was given whether it would be fulfilled so soon. It was only given last July, and to-day we have this Bill brought forward; a great measure, which will put the principle of the State Registration of Nurses on the Statute Book.

As the sponsor of the No. 1 Bill, I cannot say that this Bill is in every respect an improvement on my own proposals. I very much regret its limitation to England. When a measure introduced by a private member, which had got as far as the Report Stage, provided a single register for the whole of the United Kingdom, one might have hoped that a Government measure would do the same, but I can imagine that what was possible for a private member's Bill was not so easy for a Government Bill, in view of the fact that a Ministry of Health has been set up for Scotland, and something tantamount is contemplated for Ireland. I hope and believe that, if this measure finds its way on the Statute Book, in the course of a few months we shall have a Scottish Registration Bill and an Irish Registration Bill as well.

My right hon. friend referred to the rock on which the discussions on my Bill were wrecked—the question of the initial Nursing Council. As the right hon. Gentleman has pointed out, the difficulty is to choose the nurses who are to sit on the Council, because *ex hypothesi* we have no register and cannot have an election by the nurses of those who are to represent them. My Bill endeavoured to solve that by giving rights of

appointment to many societies and individuals. Here I can congratulate my right hon. Friend on having cut down the Council to reasonable dimensions. I think that twenty-five members is quite enough for such a body, but in attempting to create a Council by nomination from various nurses' societies, we found we were continually increasing the number of the Council. We had gone up to forty-three, and I am not sure that we should not have gone up to forty-five. The difficulty was to get the respective societies to agree as to their respective rights of nomination to the Council. With the greatest courage my right hon. Friend has cut the Gordian knot. He has decided to nominate the nurses to the initial Council himself. I do not know which to admire more, the courage of my right hon. Friend or the skill with which he addressed himself to this problem. It is a courageous act for my right hon. Friend will have to select the ladies to sit on this Council. No doubt he will do it very well, because he will do it in consultation with the societies, and any society that thinks itself entitled to be consulted has only got to say so. My hon. and gallant Friend opposite spoke of this measure having become a matter of practical politics owing to the exertions of a certain body to which he referred. I do not wish to introduce into this discussion any element of dissension, but the Central Committee for the State Registration of Nurses have been advocating State registration for over thirty years, in season and out of season, and it is a triumph for their principles, on which they are to be congratulated, to have the Minister of Health introducing the measure which is brought before us this afternoon. Nothing will please me better than to have this Bill with or without Amendment—I do not think it requires Amendment—passed into law.

THE BILL WELCOMED BY MR. LYLE.

MR. LYLE (Stratford, C.U.) : I desire on my own behalf, and also on behalf of the College of Nursing, to give this Bill a very warm welcome. It is most satisfactory to find that the Minister of Health has been able in so short a time to fulfil the pledge which he gave. Now that they have introduced it, I hope that the Government will push forward this Bill with the least possible delay, and give the nurses the thing which they have so long desired. The Minister of Health has excised the breaking spot of the last Bill, and has taken the selection of the provisional Council on his own shoulders. I have not the least doubt that the decisions he will make will be received and abided by loyally by the great majority of nurses.

THE LOSS TO THE NATION OWING TO A LACK OF STATUS FOR NURSES.

MR. HAYDAY (Nottingham, W., La.) :—I hope this Bill will become an Act as rapidly as possible. In thinking seriously over the past and present position of the nurses of Great Britain it is impossible for anyone to estimate the loss to the nation owing to the absence of a status for one of the most valuable services or professions of which this country can boast. I feel that it is

so interwoven with the Ministry of Health that it will become a very effective piece of machinery in the general health and development of the nation, and that it will give a status to the profession. The mere fact of this will lead the profession to become recognised as worthy of a greater financial return than that which it unfortunately gets at the present moment.

Having established a status for this profession, you will attract to it many young women who will devote all their future to it knowing that they have something to look forward to, and that they will be recognised. The very machinery itself that is set up will enable them to secure much better remuneration than they obtain at the moment. I welcome this Bill also because it will help to remedy the lack of professional attendance on mentally deficient persons, the absence of professional nurses with due knowledge of the care of the health of children, the absence of a sufficient number of fully qualified maternity nurses. All these matters will under the Bill be kept in touch with the Ministry of Health, and we shall soon find a general improvement in the health of the people, and the condition of the profession that will make us and the country thank the right hon. Gentleman for introducing a Bill, simple yet understandable in its language, free from all those unnecessary phrases that too often find their way into Acts of Parliament, and in itself a great encouragement to this very important section of health administration. I was particularly pleased with the remarks of the right hon. Gentleman as to his provision to assure to the general nursing profession a council which will be largely nominated by him, but shall not be representative of any particular class or organisation, but that the general body of working nurses shall have full and adequate representation. I hope there will be no more Amendments to the Bill than are absolutely necessary. The people of the country and the nursing profession are asking that this great measure should become an Act of Parliament at the earliest date.

THE IMPORTANCE OF THE ONE-PORTAL SYSTEM.

SIR WATSON CHEYNE (Scottish Universities, C.U.):—I join with others in congratulating the Minister of Health on the introduction of this Bill. I think we should have an opportunity somehow or other of discussing the regulations for registration after they have been drawn up by the Council. I am very disappointed that this Bill is to be limited to England. I think that a great pity. We want to get a register of all the nurses in the United Kingdom. A further point is that you are having three examinations. You may have different standards. It is the evil of the medical profession. Nurses should have exactly the same training and the same entrance examination in the whole kingdom.

BILL MEETS ALL THE REQUIREMENTS OF THE PROFESSION.

MAJOR MOLSON (Gainsborough, C.U.):—As a

medical man I would like to say how heartily I approve of this Bill. I have read it very carefully, and I think it meets all the requirements of the profession.

AN ASSURANCE ASKED FOR SCOTLAND.

CAPTAIN ELLIOT (Lanark, C.U.):—I see the Secretary for Scotland is here. I hope he will be able to assure us that a Scottish Bill is in a forward state of preparation because we are keenly anxious for State Registration of Nurses in Scotland.

LABOUR WELCOMES THE BILL.

MR. R. RICHARDSON (Houghton-le-Spring, La.):—On behalf of the members on the Labour Benches I give a welcome to the Bill. I wish that wages and hours of employment and pensions had been taken into account in dealing with this matter. Nursing is a noble profession, but one of the most overworked. I know something of it. I know of the great sacrifices that many of these noble women have made for the children of the workers. Even lives have been given up for the sake of the children, and many nurses have been affected in after life by having contracted infectious diseases from their patients.

THE SECRETARY FOR SCOTLAND INTERVENES.

THE SECRETARY FOR SCOTLAND (Mr. Munro):—I need hardly assure the House that we recognise fully in Scotland the importance of this subject. A Bill on lines similar to this is in an active state of preparation. It is already drafted, and I hope it will be possible to bring it before the House without any avoidable delay.

A SUPPLEMENT FOR COTTAGE NURSES DESIRED.

CAPTAIN BOWYER (Buckingham, C.L.): I want to couple with my congratulations to the right hon. Gentleman, a request on behalf of the resident nurses who tend the poor in outlying districts. The Cottage Benefit Nursing Association is, I believe, the only association which supplies these resident nurses, except in a certain number of maternity cases, and these nurses, in addition to the nursing they undertake, do with great loyalty the housework of the houses in which they are nursing, more especially if the woman of the house happens to be the patient. At the present moment under the organisation of this association they are given one year's training on enlistment, in the association's home at Edmonton, and are then sent to the branches on a three years' engagement. I am not asking the right hon. Gentleman for any representation on the Council, but I do seriously suggest that we might have a fourth supplementary part added to the Register so that separate rules could be made for this class of nurse.

COLONEL RAW SUPPORTS THE BILL.

LIEUT. COLONEL RAW, C.M.G. (Wavertree, C.U.): I should like in one single word heartily to support this Bill so ably introduced by my right hon. Friend.

MAJOR FARQUHARSON CRITICISES THE BILL.

MAJOR FARQUHARSON, M.D. (Leeds, N.; C.L.): The right hon. Gentleman is to be heartily congratulated on the introduction of this Bill, but in my opinion, it does not take a sufficiently comprehensive and complete view of the situation as a whole. The Ministry of Health is recognised as having a position under this Bill, but it does not go far enough.

The Ministry ought to be the registering body. The Ministry of Health has just taken over the duties of the Registrar-General, and I fail to see that there is anything more mysterious or difficult in registering a nurse, properly and truly qualified, by that branch of the Ministry, than in registering a birth, death, or marriage. I am perfectly sure that there is not a nurse in the Kingdom who would not be equally content to be registered within the Ministry of Health, as to be registered by a separate Council, which is only indirectly in relation to the Ministry.

MAJOR FARQUHARSON further said:—Take the question of a judicial appeal. Cannot the Ministry of Health deal with the question whether a poor erring creature is to be taken off the register?

A MEASURE FOR IRELAND.

SIR WILLIAM WHITLA (Belfast University, C.U.): While congratulating the right hon. Gentleman upon bringing in this Bill, I must say I am bitterly disappointed. He spoke of England, Scotland and the Colonies, but the name of Ireland has never been mentioned. He cannot surely expect that we shall loyally hasten this Bill through the House if Ireland is entirely ignored.

SIR HENRY COWAN (Aberdeen E., C.L.): We have not heard from the Minister of Health or the Secretary for Scotland any reason why this Bill cannot be made applicable to the three countries, or at any rate to England and Scotland. The inconvenience of three registers is so great that I cannot imagine any one wishing it unless there is some overmastering reason for doing so.

DR. ADDISON: I am very sorry if I omitted to mention Ireland, but I thought I had done so. While I am not in a position to give a formal assurance, I know that the Irish Office has the matter under consideration, and I think there is reason to expect that there will be a similar proposal in the case of Ireland. I would point out that when the Ministry of Health Act was introduced it was, in consequence of the teachings of which my hon. Friend (Sir H. Cowan) is an able and consistent exponent, split into different parts, including one for Scotland.

SIR H. COWAN: That was a Board, not a Ministry.

DR. ADDISON: It was a separate Department. It is very desirable to consider the Scottish point of view as there are some differences which require careful consideration, and the Secretary for Scotland is looking into the matter. I think with the arrangements we have made for interchange of registers, and no doubt there may be

set up a common register, we have really met the point. I have gone into the matter with great care, and I think, on the whole, the way proposed is the simplest.

SIR H. COWAN: When will the Scottish Bill be introduced?

MR. MUNRO: By leave of the House, may I say I cannot specify the date when the Bill will be introduced, but it will be introduced without any avoidable delay.

Question put, and agreed to.

Bill accordingly read a second time, and committed to a Standing Committee.

THE SCOTTISH REGISTRATION BILL.

We learn that the Scottish Nurses' Registration Bill, which is being prepared by the Scottish Office, is practically identical in its main provisions with the English Bill. It provides, moreover, that local authorities may subsidise the training of nurses. What this means is not quite apparent; but if expenditure by Scottish local authorities is to be sanctioned, it will naturally follow that Training School authorities will demand financial support, as, after all, the Schools give the only sound fundamental practical education which is of value. An inspired paragraph in the *Glasgow Herald* expresses the following opinion:—

"There are certain disadvantages in having two separate registering authorities in Great Britain, and these must be removed in order that no hardship may be inflicted upon the members of the nursing profession. Some provision must be made, for instance, to enable nurses registered in Scotland to be automatically and without the payment of an extra fee registered in England, and *vice versa*. For this purpose the English and Scottish Registration Councils proposed to be set up must work in complete harmony. No artificial barrier to the interchange of nurses between the two countries would be tolerated by public opinion."

Whatever privileges are accorded to Scottish nurses must also be given to Irish nurses. No doubt the Irish Nursing Board will keep a vigilant eye on proposed legislation in Great Britain. A system of reciprocity satisfactory to the nurses in Great Britain and Ireland can surely be effected.

IRISH NURSES AND REGISTRATION.

We hear from Miss Carson Rae that the Irish Nursing Board and the Irish Nurses' Association are already in touch with the authorities of the Ministry of Health in Ireland, with regard to a State Registration Bill for Irish Nurses, and that the authorities are quite prepared to do everything in their power to have a Bill introduced immediately the English Bill has been published, on the same lines if satisfactory to Irish Nurses.

This is excellent news, and we feel sure their colleagues on the Central Committee will do all in their power to help push forward both an Irish and Scottish Bill if requested to do so.

ALL NURSES MUST STAND TOGETHER.

The employers are already astir to weaken the Government Registration Bill. Every species of semi-trained woman whose work is cheap has her champion, and, of course, local authorities, and associations for providing the poor with cottage and village nurses wish to help control the registered nurse.

Let efficiently-trained nurses, to whatever societies they belong, now unite to support the Government Bill. It gives them Legal Status, the vote on their own Governing Body, a State examination, and an appeal to the High Court, thus they will have a sure foundation on which to organise their profession in the future.

Let us all oppose the disintegrating amendments put down by Sir Watson Cheyne, who proposes to deprive us of several promised privileges—(1) Sir Watson Cheyne wishes to have six supplementary registers of Specialists and semi-trained women, and to depreciate the general register to vanishing point. (2) He proposes to deprive us of power to examine, and (3) Instead of providing for a live register by the payment of a small 2s. 6d. fee, to remove the name of every nurse from the register who does not communicate her permanent address every January to the registrar, and who will be called upon to pay 7s. 6d. for reinstatement.

APPEAL TO YOUR MEMBER.

Nurses who value the privileges incorporated in the Government Bill should write to their member of Parliament, and petition him to support it, and to oppose the amendments proposed by Sir Watson Cheyne. It is indeed disappointing in these days that a medical member of Parliament should take such action without consulting trained nurses who are the persons concerned. Write to your member by the first post.

THE SOCIETY FOR STATE REGISTRATION OF NURSES.

At a meeting of the Executive Committee of the above society, held at 431, Oxford Street, London, W., on Friday, November 21st., the Government Bill for the State Registration of Nurses was carefully considered and the following resolutions were passed unanimously, and directed to be sent to the Minister of Health.

RESOLUTIONS.

I.

It was Resolved:

That the Executive Committee of the Society for the State Registration of Trained Nurses heartily thanks the Minister of Health for introducing on November 6th, and moving the Second Reading on November 18th of his Nurses' Registration Bill, and for making provision therein for so liberal a measure of self-government for registered nurses, by direct representation on the General Nursing Council, and that the Committee affirms its intention of loyally supporting the Bill as presented.

II.

It was Resolved:

That the Minister of Health be informed that there is a spirit of great apprehension amongst many nurses lest they should be placed under the domination of the promoters of the College of Nursing, Ltd., which would inevitably lead to organised resistance—now that they cannot ensure that any of their own nominees whom they trust to safeguard their interests, will be appointed on to the First General Nursing Council.

It was further Resolved:

That the Committee desires to express confidence in the judgment of the Minister of Health in selecting members of the Nursing Profession to serve on the First General Nursing Council, after consultation with the Central Committee for the State Registration of Nurses, and other nurses' associations.

MARGARET BREAY,
Hon. Sec.

THE PROFESSIONAL UNION OF TRAINED NURSES.

RESOLUTION.

The Provisional Committee of the Professional Union of Trained Nurses (to be registered shortly under the Trades Union Act) views with alarm the arrangements, as set out in the Nurses' Registration Bill (2), for forming the Provisional Council under the Act. No safeguards are offered that the preponderating influence on this Council will not be that of employers of the nurses and their managers (Matrons) rather than of the nurses themselves.

THE ROYAL BRITISH NURSES' ASSOCIATION.

At a meeting of the Consultative Committee of the Royal British Nurses' Association held last week, it was agreed to organise an historical Pageant to celebrate the granting of Legal Status to the Profession of Nursing, should the Nurses' Registration Bill go through with consent.

The Pageant will be held in London, and already individual nurses are greatly interested in the proposal; and some of those who played a prominent part in the Pageant of 1911 will again take part in the Processions.

It was agreed to offer prizes, and one suggested was a prize for the most suitable "Registered Nurse's Uniform."

THE BRITISH JOURNAL OF NURSING is open to suggestions to make this historic function as great a success as that demanding "Legal Status" in 1911.

THE LAVER OF REGENERATION.

Ragged Little Girl to Sister at Church Door:
"Please, Sister, is this the laundry where they christen the babies?"

Presumably the little heathen had heard of the laver of regeneration.

BIRTHDAY WEEK AT THE IMPERIAL CLUB.

Monday, November 24th, was the inaugural afternoon of "Birthday week" at the Imperial Nurses' Club, 137, Ebury Street, and, judging by the start, it should have an excellent finish. There was an air of festivity throughout the house, and vases of bright-coloured chrysanthemums smiled from many points of 'vantage. Strains of music assailed the ears of the entering guests, which proved to proceed from the expert fingers of Miss I. Pearson, who is well known to the habitués of the club, and who often delights it on social occasions. Miss Mayers, the Lady Superintendent, well understands the art of welcoming the coming and speeding the parting guest, and a genial atmosphere pervaded the gathering.

We were privileged to inspect some of the improvements which have been effected since the club's last birthday, and whether the new box-room or the new stair carpet is nearest to the heart of Miss Mayers we are not prepared to say. With regard to the former, it is certainly a most tremendous asset. It is furnished with numbered racks, and is in special charge of the man servant. This ensures that any nurse who may wish her property sent to her at a case or elsewhere has only to quote the number of the rack, and without difficulty her belongings can be identified and forwarded. Of the glory of the new stair carpet in the annexe it is difficult to write without pangs of envy, for a new carpet in these days is, well—is a new carpet. If anything could make walking upstairs a pleasure this acquisition is the thing to accomplish it. The hot pipes in the bathroom have been ingeniously enclosed with a roomy cupboard, which disposes of the airing difficulty.

The bedrooms, so dainty and cosy, all furnished in colour schemes, must be gratefully appreciated by their guests.

The "Beatrice" room boasts of a signed picture of Her Royal Highness, which she herself presented to the Club.

The privilege of sleeping in the annexe carries with it breakfast in bed; and on the top floor is a clever little pantry containing every necessary for dainty service.

Breakfast consists of kipper or bacon, toast and marmalade, and the cost is only 1s. to members and 1s. 2d. to non-members.

The guests were entertained to a very delicious tea. A notable feature of the Club is (1) that they possess a cook, (2) that they have a cook who can cook. In these days quite an achievement. We judge of her culinary powers by the variety of dainty and ornamental cakes on the pretty tea tables, which we were informed were all home made.

In the restful and comfortable drawing-room a varied musical programme entertained the guests.

The reception was from 3 to 6. On the first Monday afternoon invitations were issued to Vice-Presidents and the Matrons of various hospitals

and institutions; and for the ensuing days of the week Miss Mayers is at home to any nurse guests who may like to come.

Mrs. Weir, R.R.C., formerly Sister Elizabeth, of St. Bartholomew's Hospital, has been elected Chairman of the Committee.

H. H.

APPOINTMENTS.

MATRON.

Gables Nursing Home, Newcastle-on-Tyne.—Miss Laura Bruford has been appointed Matron. She was trained at the General Hospital, Cheltenham, and has had experience of both fever and maternity nursing, having been on the staff of Queen Charlotte's Hospital for nearly three years. She was subsequently on the staff of the Registered Nurses' Society for four and a-half years, and has recently been Sister-in-Charge of the Maternity Home attached to the Royal Scottish Nursing Institution, Edinburgh. The Gables Nursing Home is in connection with the Newcastle Maternity Hospital.

Isolation Hospital, Fareham.—Miss E. Howard has been appointed Matron. She was trained at the Poplar and Stepney Sick Asylum, and the Hospital for Diseases of the Chest, City Road, E.C. She has also been Ward Sister at the Bristol City Infectious Hospital, Kingston, and at the St. Pancras Infirmary, and Matron of the Chester-le-Street Isolation Hospital. She is a member of the Territorial Force Nursing Service.

ASSISTANT MATRON.

General Hospital, Merthyr.—Miss M. Gibbs Bowen has been appointed Assistant Matron. She was trained at the General and Eye Hospital, Swansea.

SISTER.

Newcastle-on-Tyne Poor Law Infirmary, Westgate Road.—Miss Ethel Madden has been appointed Ward Sister. She was trained at Tynemouth Union Infirmary, and has done private nursing in Sunderland.

Miss Louisa Smith has been appointed Ward Sister at the same Infirmary. She was trained at the Bramley Union Infirmary, where she was Staff Nurse and Sister.

Birmingham and Midland Eye Hospital.—Miss E. Waters and Miss M. E. Thompson have been appointed Sisters. Miss Waters was trained at Leeds Union Infirmary, has been Sister and Night Superintendent at North Riding Infirmary, Middlesbrough, and has been for four years on Q.A.I.M.N.S.R. Miss Thompson was trained at the Royal Infirmary, Sheffield, and Sister in the T.F.N.S. 3rd Northern General Hospital, Sheffield.

SCHOOL NURSE.

Education Authority, Morley.—Miss Ethel Jackson has been appointed School Nurse. She was trained at the District Infirmary and Children's Hospital, Ashton-under-Lyne, and has held the position of Night Sister at the Cameron Hospital, West Hartlepool, and has done War Service as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

ASSISTANT MIDWIFE.

Bank Hall Maternity and Children's Hospital, Burnley.—Mrs. Olive Wood has been appointed Assistant Midwife. She was trained at the Royal Infirmary, Huddersfield, and has been Staff Nurse and Holiday Sister at St. Mary's Hospital, Manchester, and Staff Nurse at King's George's Hospital, London. Q.A.I.M.N.S., and has done District Midwifery at St. John's Home, Bow. She is a certified midwife.

METROPOLITAN ASYLUMS BOARD (HOSPITALS DEPARTMENT).

EXAMINATION OF NURSES, OCTOBER, 1919

SUMMARY.

	Entered.	Passed.	Failed.
Trained Nurses	2	2	—
Probationers	30	29	1
Assistant Nurses, Class I	3	3	—
Assistant Nurses, Class II	11	9	2
Total	46	43	3

LIST OF SUCCESSFUL CANDIDATES.

I. *Trained Nurses*.—E. I. Osborne (E.H.), E. Taylor (E.H.).

II. *First Assistant Nurses*.—G. Howell (S.E.H.), L. Clarke (W.H.), F. Hancox (W.H.).

III. *Second Assistant Nurses*.—J. Webber (N.W.H.), E. Glew (N.E.H.), F. Brown (N.E.H.), E. Spainer (N.E.H.), E. V. Edwards (S.E.H.), D. E. Coleman (S.E.H.), B. Thorne (N.W.H.), E. Antrobus (N.E.H.), D. Diggins (S.W.H.).

IV. *Probationers*.—A. M. Price (N.W.H.) (Gold Medal), H. Jack (N.E.H.) (Silver Medal), D. Fryatt (S.W.H.) (Bronze Medal), G. Tyler (W.H.), E. Claydon (P.H.), A. Forbes (W.H.), J. Railton (S.E.H.), M. S. Davies (S.W.H.), F. Green (P.H.), S. J. Morgan (S.W.H.), A. P. Coles (N.E.H.), V. Bennett (P.H.), G. Taylor (E.H.), E. Parrott (S.E.H.), E. Warren (E.H.), P. Buckland (S.W.H.), G. F. Wheeler (E.H.), E. Lumley (P.H.), H. Alexander (N.E.H.), N. Armstrong (W.H.), A. Cooper (P.H.), J. Low (S.W.H.), M. C. Moseley (E.H.), P. Waddington (S.E.H.), J. Kelly (P.H.), M. Whittingham (P.H.), J. C. Maher (S.E.H.), W. Elliott (P.H.), A. B. McIverney (S.E.H.).

FEVER NURSES' ASSOCIATION.

EXAMINATION FOR CERTIFICATE OF FEVER TRAINING, OCTOBER, 1919.

LIST OF SUCCESSFUL CANDIDATES.

Plaistow Fever Hospital.—E. R. Hallam, M. Morris, M. A. Young, A. L. Young, E. J. Hutchinson, E. M. F. Pritchard, N. Bowerman, E. I. Mellor, A. Shackleton, E. L. Rayden, B. E. Letts.

Ilford Isolation Hospital.—E. Loder, S. Davies.

Paisley Fever Hospital.—M. S. Reid, E. Smith.

Derby Isolation Hospital.—E. V. McElwee, F. M. Pepper, E. Crawford.

Merthyr Tydfil (Mardy) Hospital.—G. J. Colston, M. J. Thomas, S. Rees.

Joyce Green Hospital.—A. E. Kempton.

Brighton Infectious Hospital.—J. B. Curl, A. M. Bolger.

Newcastle-upon-Tyne Hospital.—L. Wilkinson, J. Smith, H. Wood, F. Sewell, M. Lee, M. Young, I. Harle, M. E. Lightbown, A. A. Hutcheon.

Sheffield (Lodge Moor) Hospital.—J. Smyth, M. E. Grief, I. Martin, W. M. O'R. Dargan, D. Robson, R. Walls, I. R. London.

Croydon Borough Hospital.—E. V. Wall, E. Davidson, M. M. Clark.

Little Bromwich Hospital.—G. A. Whitehouse, E. Roe,

M. Reynolds, C. Butler, E. Nangle, S. L. Watling, A. Kilbride.

Wimbledon Borough Hospital.—R. Morgan, L. M. M. Hudson.

QUESTIONS.

(1) Give a brief description of the circulation, including the general, pulmonary, and portal systems. (20 marks.)

(2) Give the names of the bones forming the cavity of the thorax. What forms the floor of this cavity? (20 marks.)

(3) Describe the symptoms and nursing of a severe uncomplicated case of measles. (20 marks.)

(4) Explain shortly what is meant by "Barrier nursing." What are the necessary details to be carried out in "Cubicle nursing"? (15 marks.)

(5) A case of chicken-pox and a case of mumps occur in a ward of patients suffering from some other disease. What appearances and symptoms would you look for among the remaining patients and when? (15 marks.)

(6) Write out the table of Fluid Measures, and give the usual signs for the following:—one minim; two drachms; one-and-a-half ounces; three pints. (10 marks.)

THE PASSING BELL.

The death took place suddenly, on Friday, Nov. 21st, of Miss M. A. Ulett, Assistant Matron of the New Cross Institution, Wolverhampton. Appointed twenty years ago, Miss Ulett, by unrelenting attention to duty and the exercise of exceptional talent, has long enjoyed the confidence and esteem of the Guardians, the gratitude of the poor under her care, and the respect of a large circle of friends. Miss Ulett was about her duties as usual on the day named when, feeling faint, she retired to her room, and though medical aid was obtained, death rapidly supervened, the assigned cause being apoplexy.

THE HOSPITAL WORLD.

"Pound Day" is a capital way for hospitals to fill their store cupboards, and we hear the Ladies' Guild of the London Homœopathic Hospital, Great Ormond Street, were kept busy receiving gifts last Tuesday from 11 to 5. Visitors were invited to see the wards, which are always so well kept, and in those occupied by the sailors there was an Exhibition of Handicraft. Over 1,600 Naval casualties have been treated at this hospital, and very well cared for they have been we have no doubt.

"SO, SO TOGETHER WE GO."

Mrs. Lansbury and Miss Susan Lawrence, of the L.C.C., have been elected Aldermen, and if the Disqualification (Removal Bill) of Women goes through in its present form, they will automatically become J.P.s. Good! "So, so together we go."

COMING EVENTS.

December 13th.—League of St. Bartholomew's Hospital Nurses. Winter General Meeting, Clinical Theatre, St. Bartholomew's Hospital. 2.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES AND TRADE UNIONISM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read the account of the Professional Union meetings in London through and through with the greatest pleasure.

I am so glad I met with such success and enthusiasm. It is the very thing that is required and the sooner it is extended to Scotland the better.

Miss Macdonald's speech appealed to me very much, especially her "Second Danger." How often I have felt these feelings of reaction from overstrain! In fact, as I read, I seemed to be taken back to the days of probation and the semi-dazed condition in which we performed the last hours of work before going to bed—or falling asleep in a hot bath in the attempt to achieve the longed-for rest.

It is a most rude awakening when the head goes under. I sometimes wonder I am alive to tell the tale.

Yours faithfully,

C. H. MCARA.

Hillview, Balmore, N.B.

FRIENDLY NEIGHBOUR v. CERTIFIED MIDWIFE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—At a meeting of the Scottish Midwives' Association, the question of the employment of midwives by doctors was discussed.

It was regretted that so often doctors in working-class practice, called in the assistance of a friendly neighbour, rather than availing themselves of the skilled and intelligent help of a certified midwife.

If the medical profession would employ women who are enrolled by the Central Midwives' Board, it would go a long way to help in the efficient nursing of mothers and infants, and would establish the position of the midwife.

I am, yours faithfully,

J. COWPER,
Secretary.

ARE MIDWIVES TRAINED NURSES?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Commenting on my letter to the Press concerning Midwives and the Nation's Tribute to Nurses, a note in your issue of the 1st inst says: "The whole point in our opinion is that midwives are not necessarily nurses and that the fund was raised to help certificated trained nurses." If midwives are not nurses, what are they? Perhaps you will invite the opinion of midwives and matrons of midwifery training schools on that point. For my part, I have always been of the opinion that certified midwives are

trained nurses in their own special branch. Further, if the fund was raised to help only certified, i.e., general, trained nurses, why did not the Executive Committee make the fact known at their first meeting instead of waiting for a whole year and then discovering this important point through a resolution proposed by one of its members?

I quite agree, of course, that one of the objects of the Irish Nurses' Union is to secure adequate remuneration for both general and midwifery trained nurses. That urgently necessary work, so long left undone, has fallen to us to do, and we are doing it. But it cannot be done in a day, and even if it could be, that would not help the midwife, who is already incapacitated for further work. It was on behalf of these nurses that I wrote to the Irish Press.

I am, Madam,

Yours faithfully,

EMILY O'NEILL,
Vice-President.

[We hope some of our readers will express an opinion on this question.—ED.]

KERNELS FROM CORRESPONDENCE.

A Male Nurse: I note the report in the press of a struggle between a probationer nurse, and a patient at the Victoria Park Chest Hospital, who in spite of the girl's plucky attempt to save him, committed suicide by jumping out of the window.

At the inquest, that it was stated that the patient was suffering from acute mania. Is it permissible to enquire why a girl probationer was in charge of this dangerous case? Surely an experienced male mental nurse should have been in charge—when it is not improbable that the patient's life might have been saved.

Trade Union Nurse: The perturbation and opposition of the College of Nursing, Ltd., to a Trade Union for Nurses, proves without further ado how necessary such a union, supported by the law, is. We don't intend to be crushed out by our employers—or to be degraded by their charity. The College is founded and supported on doles—we want none of it, but a self-supporting salary, so that we may preserve our independence. Why should the College fear our Trade Union?

OUR PRIZE COMPETITION.

QUESTIONS.

November 29th.—What treatment have you seen given in a case of ex-opthalmic goitre, and how would you nurse such a case?

December 6th.—What do you know of Vitamines, and of their importance in relation to infant feeding?

December 13th.—What is meant by "Barrier Nursing"? What are the necessary details to be carried out in "Cubicle Nursing"?

The Midwife.

NORTH ISLINGTON WELFARE AND MATERNITY CENTRE.

The beneficent influence of a well-managed Infant Welfare and Maternity Centre is not restricted to the good work done for those who attend the Centre, as was exemplified on Friday in last week when the Queen of Spain visited the North Islington Infant Welfare and Maternity Centre at 6, Manor Gardens, Holloway Road, in order to obtain information to help her in starting Centres in Spain, which she is very anxious to do, as the infant mortality is very high, and at present this form of preventive work has not been introduced there, though there are clinics for tuberculous children, known as "Gouttes de Lait."

Her Majesty, who was keenly interested in all she saw, and who was present at four consultations, expressed her desire to keep in touch with this excellently managed Centre, and asked the Hon. Secretary, Mrs. W. B. Keen, to send her an analysis of the work done.

The Queen of Spain also visited the American wards initiated by the American Women's Club, which are in close proximity to the Centre.

THE NOTIFICATION OF OPHTHALMIA NEONATORUM.

A case of importance to Midwives was heard at the Marylebone Police Court on November 5th, when Dr. Charles Porter, Medical Officer of Health for Marylebone, proceeded against Dr. Ezekiel Boyd of Seymour Place, Bryanston Square, and Miss Louisa Jones, a certified midwife, for failing to notify a case of ophthalmia neonatorum.

According to the facts brought out in the course of the case, it would appear that the law in regard to the notification of ophthalmia neonatorum needs amending.

It is the duty of a midwife under the rules of the Central Midwives Board to explain that the case is one in which the attendance of a registered medical practitioner is required when there is, in the case of an infant under her care, "inflammation of, or discharge from the eyes, however slight." And further "to send notice to the Local Supervising Authority that medical help has been sought."

Miss Jones conformed to these Rules in both particulars in the case in question. She sent the child to a doctor, and notified her Local Supervising Authority (the London County Council) that she had done so.

Under the Public Health (Ophthalmia Neonatorum) Regulations, 1914, of the Public Health, England Statutory Rules and Orders for the Prevention of Epidemic, Endemic, and Infectious Diseases, a Registered Medical Practitioner is required "on first becoming aware that a child upon whom he is in professional attendance is suffer-

ing from Ophthalmia Neonatorum" to notify the case forthwith to the Medical Officer of Health for the district.

A similar duty is required of a certified midwife "who has reasonable grounds for supposing that a child upon whom she is in attendance, is suffering from Ophthalmia Neonatorum, unless the case has already been notified by a Medical Practitioner."

Dr. Boyd's defence, and an unassailable one, appears to have been that he was not of opinion that the child was suffering from the disease.

In the case of the midwife, diagnosis is no part of her duty, and neither does it follow that because she observed the rule of sending an infant suffering from "inflammation, or discharge from the eyes, however slight," to a doctor, that she had reasonable grounds for supposing that it was suffering from Ophthalmia Neonatorum.

This appeared to be the view of the magistrate, Mr. D'Eyncourt, who (1) said he was not satisfied that the doctor was of opinion that the child was suffering from the disease, and (2) pointed out that the Public Health (Ophthalmia Neonatorum) Regulation under which the proceedings were taken, apparently contradicted the Rules framed by the Central Midwives Board under which the midwife acted. She notified her Supervising Authority that she had sent the child to a doctor, and having done that her duty ceased. He dismissed the case, and granted Miss Jones six guineas costs.

The prosecuting solicitor said that Dr. Porter knew nothing of the notice given by the midwife to the County Council; what he did know was that the Public Health Regulation had not been complied with.

As we last week reported, the Midwives' Institute drew the attention of the Central Midwives Board to this case at its meeting on November 12th and asked the Board to make representations to the Ministry of Health with a view to getting Article VI of the Public Health Statutory Rules and Orders (1914) repealed and brought into line with the Rules of the Board. The Board, we are glad to say, decided to take this course.

When a midwife has advised that medical assistance should be secured, and notified her Supervisory Authority that she has done so, her responsibility should cease.

THE ROOT CAUSES OF INFANTILE MORTALITY.

"The root causes of infantile mortality and disease lie widespread and deep in our social system, *i.e.*, in the environment and the life and habits of the people. As such the responsibility for preventive measures necessarily belongs not to one but to many sections of the community and demands concerted effort and 'social' as truly as 'health' service."

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, DECEMBER 6, 1919.

Vol. LXII

EDITORIAL.

THE STARS IN THEIR COURSES.

THE VOTE COVERS ALL.

Mrs. Bedford Fenwick was "At Home" on Friday, November 28th, "to meet Major Barnett, M.P.," known now throughout the nursing world as the man who gave the nurses their chance of State Registration, by giving precedence to the Central Committee's Bill for the State Registration of Nurses, when luck favoured him in the ballot.

The guests invited to meet Major Barnett were the officers and nurse-delegates on the Central Committee, and the faithful pioneers of the movement, just a few of whom were in it at the start—now thirty-two years ago—when the British Nurses' Association (later honoured with the prefix Royal) was initiated at 20, Upper Wimpole Street, on November 21st, 1887, to provide for the State Registration of Nurses. The gathering was animated by enthusiasm, and gratitude for favours to come—the Government Bill presented by the Minister of Health having been read a second time on November 18th with every hope of passing into law at an early date.

By request of the hostess, Major Barnett addressed the guests, and gave a very lucid report of the progress and obstruction of his Bill in the House of Commons this Session, which resulted in a pledge being given by the Minister of Health to bring in a Government Bill. This he had done, so far as his own jurisdiction was concerned; Scotland's Bill was drafted; and Ireland's Bill had been read a first time on November 26th, and was down for a second reading on November 27th.

Major Barnett gave an interesting account of his connection with the Bill, which was particularly illuminating, as showing the influence of the women's vote on legislation. During

the Parliamentary Election in South-West St. Pancras, Miss Beatrice Kent had, he said, instructed him on the subject of Nurses' Registration, and, indeed, impressed upon him that it was the only question that counted in politics. She had further secured from him a pledge that if he were elected, and were fortunate enough to win a place in the ballot, he would bring in the Central Committee's Bill for the State Registration for Nurses.

The likelihood of his being in a position to fulfil that pledge seemed rather remote at the time, but when at the beginning of the Session he drew what was practically the first place (by that time he had heard from Mrs. Fenwick also), he brought in the Bill, to the surprise of some of his colleagues, who took it for granted that he would utilise his good luck to deal with other burning questions.

Major Barnett showed how the Government Bill incorporated the main principles which the Central Committee had been formed to promote, and gave a very hopeful forecast as to its speedy passage into law.

Lieut.-Colonel Goodall, Hon. Medical Secretary of the Central Committee, on behalf of those present, thanked Major Barnett for coming to meet them, and for his clear explanation of the Government Nurses' Registration Bill, and Mrs. Bedford Fenwick for her long and strenuous services in the cause of Nurses' Registration.

The moral of Major Barnett's speech to veteran State Registrationists who for years vainly endeavoured to persuade members of Parliament (elected by male constituents) to ballot for a place for their Bill, is that "the Vote covers all."

Years ago Miss Lavinia L. Dock—the great nurse emancipator—said: "You will never get Registration until you have got the Vote." The whirligig of time has proved the truth of her prophecy.

NURSING ECHOES.

The Annual Show of the Nurses' Needlework Guild of the Nurses' Co-operation is being held, as we go to press, at the Howard de Walden Club, 35, Langham Street, W. This is always a cheery gathering, with beautiful and useful work on view to be sent to various hospitals and institutions for the comfort of the patients.

On Saturday, December 6th, at 3.30 p.m., a Farewell Reception is being given by the Chairman and Council of the Serbian Red Cross Society in Great Britain, at 9, Ennismore Gardens, South Kensington, to their Excellencies Yovan and Madame Yovanovitch, who are returning to Serbia at an early date. Milan Yovanovitch, and Dusko Yovanovitch, celebrated Serb boy artistes, one of violin and the other of pianoforte fame, will play for the first time in England.

Serbia is one of the most interesting, and sorely tried of the Allies, and many British people will no doubt take the opportunity of sending by their Excellencies messages of good will and helpfulness to our gallant ally.

It is just two years since Dr. Elsie Inglis died, and an appeal has been issued for a National Memorial to her—not a column or a statue, but the simple and appropriate project of carrying on what she would have done. It is proposed to divide the fund between the Edinburgh "Hospice," which Dr. Inglis established, and an institution for training Serbian women as nurses. Dr. Elsie Inglis was one of the greatest heroines of the war.

The Winter Gathering of the League of St. Bartholomew's Hospital Nurses will be held in the Clinical Theatre at the hospital on Saturday, 13th instant. After the routine business, Mrs. Dickenson Berry, M.D., will lecture on "Serbia and Jugo-Slavia—before the War and After," illustrated with lantern slides, which will be most interesting, as Dr. Berry has "been there," and will speak from personal experience. Tea will follow in the Nurses' Sitting Room.

On Thursday, December 11th, the South Kensington Nurses' Co-operation, 41, Alfred Place, South Kensington, are holding a Reunion after the Great War. During the war

the members were scattered far and wide, and many have done excellent work and had a share of War Honours. On the 11th instant the Superintendent, Miss Hephzibah Walker, will be At Home from 4 to 6 p.m. and 8 to 11 p.m., and the programme includes tea, music, distribution of the S.K.N.C. War Book, and, at 8 o'clock, dancing.

Lewisham's medical officer having complained of a lack of hospital accommodation for cases of infectious disease, the Metropolitan Asylums Board says that one of their difficulties is to get a sufficient staff since hours have been reduced to forty-eight per week.

Professor Corby has accepted the Presidency of the Cork Nurses' Association, and presided at a recent meeting at Father Matthew Hall, Cork. Miss Farrissey, Chairman, extended to him, on behalf of the Association, a very hearty welcome and their sincere thanks.

Professor Corby, who was enthusiastically received, said he should thank them very much indeed for the honour they had conferred on him. It would give him very much pleasure to act as president of that association, and he could assure them, at the outset, that he would gladly do anything in his power to forward their interests. He could not help thinking that they had selected him because of his efforts on one particular occasion on behalf of the nursing staff of a city institution. As they were aware, he had accomplished some little thing on that occasion. Then, as now, he always thought that nurses should be regarded as human beings and not machines.

A member introduced the question of amalgamation, and, it having been fully discussed, the President gave it as his opinion that it would not be advisable for the Association to join with any other association. His suggestion was adopted.

The following officers were elected:—President, Professor Corby, M.D.; Chairman, Miss M. K. Farrissey; Vice-Chairman, Miss O'Brien; Hon. Treas., Miss M. K. Farrissey; Hon. Secs., Misses K. M'Carthy and M. Walsh; Committee, Misses N. Cronin, B. Denn, — Dolan, M. Downey, M. Enright, J. Hurley, K. Lyons, L. Murphy, P. Murphy, T. Murphy, M. MacCarthy, — M'Mahon, E. O'Callaghan, L. O'Callaghan, N. O'Regan, — Starkie.

HONOURS FOR NURSES.

The King held an Investiture in the Ball Room of Buckingham Palace on November 6th, when he bestowed the following decorations:—

BAR TO THE ROYAL RED CROSS (FIRST CLASS).
Sister Mildred Hughes, Q.A.R.N.N.S.

THE ROYAL RED CROSS (FIRST CLASS).

Sister Mary Clark, Q.A.R.N.N.S.; Miss Betty Walker, Q.A.I.M.N.S.R.; Miss Dorothy Foster, T.F. Nursing Service (also to receive the Military Medal).

THE ROYAL RED CROSS (SECOND CLASS).

Q.A.R.N.N.S.: Miss Mabel Bere. Q.A.I.M.N.S. Miss Charlotte Robinson (also to receive the Military Medal). Q.A.I.M.N.S.R.: Miss Edith Austin, Mrs. Florence Owen. T.F.N.S.: Misses Adelaide Bottrill, Mary Edwards, Beatrice Evans, Mary Francis, Elizabeth Martin, Edith Pastfield, Edith Porter, Agnes Scott-Pullar, and Elizabeth Woodward. C.N.S.: Miss Florence Corrigan, Miss Ina Docherty, Mrs. Elizabeth Panton, B.R.C.S.: Miss Nellie Coulson. V.A.D.: Misses Doris Bull, Ailsa Bullough, Gladys Emery, Harriett Foss, Maud Pote-Hunt, Eleanor Ingram, May Leon, and Ruth Manning, Mrs. Ada Sandell, Mrs. Ethel Shepherd, Misses Marion Streatfield, Hope Urquhart, Gwendoline Verdin, and Violet Wainwright.

THE MILITARY MEDAL.

Miss Louisa Gilbert, Q.A.I.M.N.S.R.; and Miss Katherine Freshfield, V.A.D.

At a further Investiture in the Ball Room at Buckingham Palace, on November 27th, the King conferred the following decorations:—

THE MOST EXCELLENT ORDER OF THE BRITISH EMPIRE.

Miss Margaret Milne, Q.A.I.M.N.S.R. Also to receive R.R.C., First Class.

THE ROYAL RED CROSS AND BAR.

Eva, Mrs. Pullinger, Civil Nursing Reserve.

THE ROYAL RED CROSS (FIRST CLASS).

Miss Rose Lumsden, Q.A.I.M.N.S.R.; Miss Enid Newton, T.F.N.S.

THE ROYAL RED CROSS (SECOND CLASS).

Q.A.I.M.N.S.: Misses Winifred Halloran and Norah Molloy. Q.A.I.M.N.S.R.: Misses Andrina Anderson, Annie Beaumont, and Jean Maxwell-Cunningham, Mrs. Gertrude Deakin, Misses Isabella Grassick, Edith Hadfield, Violet Jolly, Margaret Lyons, Florence Marsh, Mary O'Brien, and Edith Passmore. T.F.N.S.: Misses Ethel Atkin, Charlotte Elgin, Jane Fairgrieve, and Catherine Macaulay. B.R.C.S.: Miss Margaret Robertson. C.N.R.: Misses Dorothy Dawson, Jessie Duncan, Charlotte Jones, Florence Knobel, and Mary Ronaldson. V.A.D.: Misses Florence Keeling, Mary Whiting, and Phyllis Wyatt.

THE MILITARY MEDAL.

Mrs. Agnes Parker, T.F.N.S.; Mrs. Mary Harvie, First Aid Nursing Yeo.; Miss Vivien Mellor, V.A.D.

FOREIGN DECORATIONS.

The following are among the decorations awarded by the Allied Powers at various dates to the British Forces for distinguished services rendered during the course of the campaign:—

THE KING OF THE BELGIANS.

MÉDAILLE DE LA REINE ELISABETH.

Matron-in-Chief Dame E. M. McCarthy, G.B.E., R.R.C., Queen Alexandra's Imperial Nursing Service.

THE PRESIDENT OF THE PORTUGUESE REPUBLIC.

ORDER OF CHRIST.

OFFICER.

Sister G. A. Aitchison, Queen Alexandra's Imperial Military Nursing Service Reserve. Matron M. A. Harvey, R.R.C. Territorial Force Nursing Service; Matron J. E. Hills, R.R.C. Territorial Force Nursing Service.

CHEVALIER.

Sister V. Barugh, A.R.R.C., T.F.N.S.; Act. Sister V. I. Bryden, V.A.D. (formerly with the 35th Gen. Hosp.); Sister M. A. Cracknell, A.R.R.C., T.F.N.S.; Sister L. M. Duckett, Q.A.I.M.N.S. (Res.); Staff Nurse M. Elliot, Q.A.I.M.N.S. (Res.); Sister Alice Grandjean, T.F.N.S.; Sister N. Hayes, A.R.R.C., T.F.N.S.; Sister M. J. Jessop, Q.A.I.M.N.S. (Res.); Sister E. Kerr, R.R.C., T.F.N.S.; Sister A. L. Molyneux, A.R.R.C., T.F.N.S.; Acting Sister G. Morgan, V.A.D. (formerly with the 35th Gen. Hosp.); Staff Nurse A. M. O'Shaughnessy, Q.A.I.M.N.S. (Res.); Staff Nurse E. A. Palmer, T.F.N.S.; Sister H. E. Panton, M.M., T.F.N.S.; Sister (Asst. Matron) V. Rogers, R.R.C., T.F.N.S.; Staff Nurse E. Rothwell, Q.A.I.M.N.S. (Res.); Staff Nurse L. T. Wynn, T.F.N.S.

MÉDAILLE DE LA RECONNAISSANCE FRANÇAISE.

Sister Dora Coppin, late French Flag Nursing Corps is to receive the Médaille de la Reconnaissance Française, from the French Government, with the following citation: "A fait preuve d'un dévouement absolu, intoxiquée par les gaz, alors qu'elle était à l'ambulance au front, a en, sa santé sérieusement éprouvée, ce qui ne l'empêche pas de continuer à prodiguer les soins les plus éclairés aux blessés et malades de son service." Sister Coppin was on duty with Hôpital Mobile No. 1 when it was bombed in 1917, and when her colleague Sister Jaffray sustained a serious injury to her foot, for which she was awarded the Croix de Guerre. We congratulate Sister Coppin, and also hope to hear that this honourable distinction has been, as promised, awarded to all F.F.N.C. Sisters who served with devotion for three years and upwards in the French Military Service.

NURSES' REGISTRATION (No. 2) BILL.

IN STANDING COMMITTEE.

The Nurses' Registration (No. 2) Bill was considered in Committee in the House of Commons on Tuesday, December 2nd, by Standing Committee B., Mr. T. P. O'Connor, M.P., in the chair.

AMENDMENTS.

In connection with the establishment of the General Nursing Council, CAPTAIN ELLIOT (Lanark) proposed the addition of the words "for England and Wales." As Scotland and Ireland are to have their own Bills, this was accepted by Dr. Addison.

SIR WATSON CHEYNE (Scottish Universities) proposed in connection with Clause 2, defining "a Register of Nurses," the substitution of the term "a Register of Trained Nurses for the sick." The insertion of the word "trained" was, he said a simple addition.

THE GENERAL PART OF THE REGISTER.

He further moved an amendment providing that the general part of the Register should contain the names of "all *fully-trained male and female nurses*."

DR. ADDISON objected to the insertion of the word "trained" in connection with the Register of Nurses. It was more far-reaching than his hon. Friend said. The general principle adopted in the Bill was that the standard of training was to be defined by the General Nursing Council. It would be inexpedient to introduce the word "trained" here, as then only those would be eligible for registration in the General Register who had attained a prescribed standard of training not yet defined.

In adopting any measure involving the establishment of standards, Parliament always safeguarded the interests of those in practice. Such nurses might be excluded from the Register if the Council to be set up decided, on instructions from Parliament, to admit only trained nurses to the Register in the first instance. It would be a pity to pledge the Council by passing this Clause, the effect of which would be to knock out many nurses in practice. He hoped his hon. Friend would not press this amendment. The motion for the insertion of the word "trained" before "nurses" was negatived, and the words "for the sick" after "nurses" inserted.

An amendment moved by Dr. Addison was accepted providing that the general part of the Register should include the names of all nurses "who satisfy the conditions of admission to that part of the register."

MR. JOHNSTONE (Renfrew, E.) moved an amendment to insert at the end of the Clause the words "including nurses trained in fevers and other infectious diseases," the effect of which would have been to make training in the nursing of infectious diseases only, an adequate qualification for the general register. The amendment was eventually withdrawn.

SUPPLEMENTARY PARTS OF THE REGISTER.

In connection with Clause 2 it was proposed by

Dr. Addison and agreed that "Where any person satisfies the conditions of admission to the register his name may be included in that part of the register, notwithstanding that it is also included in the general part."

Sir Watson Cheyne had put down a further series of amendments to Clause 2 (2) in regard to the establishment of Supplementary Registers of Nurses only trained in special branches of nursing, *viz.*, (1) Nurses trained in mental diseases; (2) nurses trained in fevers and other infectious diseases; (3) nurses trained in children's diseases; (4) nurses trained sufficiently for district nursing in out-lying parts of the kingdom; (5) persons of the classes referred to in Clause 3, page 3, section (2), paragraph (c) (6)—Any other prescribed class.

In regard to the Supplementary Register of mental nurses proposed in Dr. Addison's Bill, Sir Watson Cheyne said they were certainly not nurses, but attendants on the insane. At the present time an effort was being made to get mental patients under treatment quite early, and later there might be mental nurses.

Concerning the cottage or district nurses, Sir Watson Cheyne said they were of great value. They had a year or eighteen months' training, including midwifery, then they were handed over to the district nursing associations and after a few years they were certificated. These districts would have to pay more if they employed trained nurses. There were several institutions for providing cottage nurses in England, and he hoped there would be an extension of the district and cottage nursing system.

THE VIEWS OF THE MINISTER.

DR. ADDISON held that the insertion of the words "fully-trained male and female nurses" in relation to the general part of the Register was inappropriate, and he hoped it would not be pressed. (It was subsequently withdrawn.) A nurse was not disqualified if his or her name was on one part of the Register to have it entered on another part, provided that he or she had the necessary qualifications. That was a drafting point. But look at the structure of the Clause. His hon. Friend's amendments turned it upside down. The effect of the amendments was that many nurses now in practice would be excluded from the General Register, and come into separate Registers. They had for years been engaged in the general nursing of the sick, and it was not fair that they should be specially singled out as a lowly class by themselves.

Dr. Addison expressed the opinion that there was not much in the re-wording of the part of the Clause relating to special registers as proposed by his hon. Friend. The words standing in the Bill were as good as those now proposed; he thought they were better. A person who tumbled down a ladder might be a sick person, but no one could describe his condition as disease.

The "loose clause" covering the admission of existing nurses to the Register in the first instance had received most careful consideration.

The Bill as at present drafted provided for Supplementary Registers of Male Nurses, Mental Nurses, and Children's Nurses, and there was a special Clause leaving the definition of further Registers to the Council. It was very undesirable at this stage to make distinctions, and he hoped the Committee would not accept his hon. Friend's amendments.

CAPTAIN ELLIOT asked whether a man in the R.A.M.C. would be able to get on to the Register, and Dr. Addison replied that he would if he satisfied the Council as to his training.

MAJOR FARQUHARSON (Leeds, N.) strongly dissented to the words "fully-trained" in the hon. baronet's amendment. He suggested "duly qualified" as more appropriate.

MAJOR BARNETT (St. Pancras S.W.) hoped strongly that the Minister of Health would keep to his own wording. The Council responsible for maintaining the Register would presumably be composed of intelligent persons.

MR. MADDOCK's amendment to provide for a special register of resident cottage nurses was not pressed, and the wording of the Bill relating to supplementary registers was retained.

A MEMBER opposed the definition of a number of separate Registers. The whole object of this real attempt to set up a Register would miss fire if this was agreed to. He hoped that the Register would be set up and that they would get along with the General Nursing Council under the protecting wing of the Minister of Health.

Another member of the Committee expressed the opinion that there was sure to be opposition in Scotland to a Register of Cottage Nurses. They did not want it inserted in the English Register to create a precedent to be quoted there.

A SLIPPERY SLOPE.

DR. ADDISON said that the opposition of his honourable and gallant Friend, to the supplementary parts proposed, covered the whole case, and over and over again in the course of the debate, the Minister of Health made his position quite clear. He strongly objected to tying the hands of the Council, at the outset, by the insertion of a number of Supplementary Registers in the Bill ("See," he said, "what a slippery slope I should be on.") His policy was to give the Council responsibility and to leave it to settle details. That is a statesmanlike and wise policy.

MAJOR BARNETT pointed out that the Fever Nurses' Association, the authority in the kingdom on fever nursing, did not desire a separate register of fever nurses, but that nurses on the General Register "also trained in fever nursing," should be allowed to have those words added to their qualification. Dr. Addison promised to consider the suggestion.

Another amendment by Sir Watson Cheyne, the results of which would be that no rule should take effect until it had been approved by Parliament, and one which would have deprived the General Nursing Council of the power of examination, were negatived.

Dr. Addison explained that it was provided in the Bill that new rules should be laid before

the House. What was proposed by the amendment, was that such new rules should be definitely moved in the House before coming into force, which he strongly deprecated. He assured the Committee that there were plenty of people who had an eagle eye on this business—as they would be aware if they had dealt with the contents of his post bag.

A responsible Council would be set up by the Act, and if they did not do their business properly they should be required to do so. Give people responsibility and make them discharge it.

In regard to Sir Watson Cheyne's opposition to the imposition of an annual fee, Dr. Addison emphasised the necessity for retaining this provision in order to keep a live and correct register. It must be left open to the Council to charge a small fee.

CAPTAIN ELLIOT considered that the Committee ought to make quite clear its strong wish to have complete unification. Nurses were migratory people, and they should not have to pay additional guineas if they moved about within the United Kingdom.

DR. ADDISON drew attention to the expense the Council might be put to. There would be a considerable financial burden. They might have 100,000 names put on the Register, and every one who had to do with the organisation of office work knew what that meant in clerical assistance. It would be very embarrassing to the Council, and not fair to it to have to register nurses without payment of a fee, not necessarily a guinea. He would consider the point between now and the report stage.

SCHEDULE.

An amendment moved by MR. ARTHUR SAMUEL provided that the London Committee of Children's Hospitals, and the Federation of Provincial General Hospitals for Children should be mentioned in the Schedule amongst the societies which the Minister of Health would consult.

DR. ADDISON explained that the bodies mentioned in the Bill were limited to the Central Committee for the State Registration of Nurses, the College of Nursing, and the Royal British Nurses' Association, the only body of nurses to possess a Royal Charter. If he once began accepting others it would mean a long enumeration but he would give an assurance than in appointing the sixteen nurses he would include two who had had experience in the nursing of sick children.

MR. ROBERT RICHARDSON (Houghton-le-Spring) moved an amendment to the Clause that the first Council should hold office for a term "not exceeding three years" providing that it should hold office for "not less than two years and not exceeding three years."

DR. ADDISON accepted the amendment. He thought it improved the Bill.

TITLE OF BILL.

SIR WATSON CHEYNE moved that the words "for the sick" should be added to the title of the Bill. Agreed.

The Chairman then moved that the Bill, as amended, be reported to the House, and this was so ordered.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE CHRISTMAS SALE OF WORK IN AID OF THE TRAINED NURSES ANNUITY FUND.

A very successful Sale of Work was held at 67, Eaton Place, by permission of Mrs. Montague Price, in aid of the Trained Nurses' Annuity Fund. On her arrival Her Royal Highness the Princess Christian, President of the Annuity Fund, was presented with a beautiful bouquet of pink carnations by Miss Daphne Price. Mr. Montague Price gave a short account of the fund and congratulated the nurses on the generosity with which they supported it. He then expressed the pleasure which it gave to those interested in it that Her Royal Highness had spared them some of her valuable time to open the sale that afternoon. Her Royal Highness, in declaring the sale open, said: "I wish to express in a few words the pleasure which it gives me to open this sale of work and my appreciation of your kindness in coming to-day. The Trained Nurses' Annuity Fund is doing such excellent work in helping nurses who, through no fault of their own, are almost without resources except the help we give to them. Some have broken down prematurely from overwork, while others, who are older, entered the profession at a time when the remuneration paid to our nurses for their splendid, self-sacrificing work, was even worse than it is to-day. The Trained Nurses' Annuity Fund is the oldest benevolent fund for nurses. Its funds are administered in such a way that almost the entire income goes directly to the sick and aged nurses. I am most anxious to add to our list of annuitants and to enlarge the usefulness of the fund in every possible way.

"To the nurses who have sent so many beautiful gifts I can only say again how sensible I am of the help which is always forthcoming when it is asked for from them for those of their fellow-workers who fall by the way."

There was a wonderful variety of work, and again we would express our sincere thanks to all those nurses who have sent us their generous contributions both in work and money. One table was covered with specimens of beautiful Italian work,

another had on it specimens from the Royal School of Art Needlework; there was still another with china, another with cushions and pictures, while Miss Daphne Price's two tables covered with pin-cushions of every description proved one of the most attractive in the room. Delicious cakes were spread on another table, and Miss Cattell presided at that where the flowers were on sale. The nurses present expressed much appreciation of the hospitality of Mr. and Mrs. Montague Price in providing tea, and all agreed that they had thoroughly enjoyed the afternoon. At the date of going to press we are unable to state the actual amount obtained through this Christmas sale, but we will announce this later.

CHRISTMAS SALE.

As many of the members have expressed regret that it was impossible for them to attend the Sale of Work at Eaton Place on November 28th, we have arranged to hold a small sale on the afternoon of Monday, 8th inst., at 10, Orchard Street. We hope that nurses will make a point of buying their Christmas presents, as far as is possible, at this sale, as then we shall be able to close the year with a still larger amount at the credit of the Trained Nurses' Annuity Fund. Although there was a large attendance on the 28th, there is still a considerable amount of work to dispose of, and those responsible for organising the sale have arranged that it shall be sold at very moderate prices, so that the members who have already given so generously to the sale may be able to buy their presents at a cost as least as low as in the shops.

ROYAL SCHOOL OF ART NEEDLEWORK.

On Thursday, November 20th, H.R.H. the Princess Christian opened the Christmas Sale of the Royal School of Art Needlework. The work seemed even more beautiful than in former years and of even greater variety. There were many fine pieces of old silver and old china, but what was even more lovely was the splendid embroideries,

including an Elizabethan cover of floral design and an Italian altar frontal of the sixteenth century embroidered in silk on satin. There were old temple hangings from China and many examples of Chinese beadwork. The collection of Irish glass was also very fine. The many delightful and exquisite pieces of modern needlework made us regret that these busy modern days leave so little time for cultivating the gentle art of the needle, but many nurses have still the opportunity to excel in this, and it would prove of inestimable value to them if they would cultivate some such hobby, to give opportunity for mental refreshment and recreation, instead of having their minds perpetually occupied with illness and thoughts of illness, or the sordid cares of everyday life.

We would advise all nurses to seek the opportunity to visit the wonderful exhibition which is open daily. Some days ago we spent a delightful hour there, and, owing partly to the perfect courtesy meted out to visitors and to the beautiful things one saw everywhere, one felt oneself to be in an atmosphere very different from the racket and rush of ordinary modern life. With the greatest kindness each department with its many treasures was shown to us.

In the ecclesiastical needlework department, for instance, there was a perfectly magnificent altar frontal worked in a design in raised gold on most beautiful crimson. So beautiful, indeed, is it, that when it was finished, a special request was made that it should be exhibited at the Victoria and Albert Exhibition, where it stood for some time. More beautiful figures in needlework we have never seen than those being prepared for a cope, also in this department. The colours of those were truly exquisite and the work perfect. In the same section we saw the design of the fine piece of work, to be placed in St. Paul's Cathedral, which was wrought by soldiers in memory of their fallen comrades. In the centre was the Holy Grail, and round it various designs in Italian work. It was done in very small pieces, which were joined into a perfect whole at the Royal School of Art Needlework.

The designing department is one of the most interesting in the School. One realised in a moment that the lady who is responsible for it is an artist in every sense of the word. She possesses in a wonderful way what may be termed the "feeling" of form and colour. Every figure, every leaf and curve and line possessed character of its own, and one wondered whether this quiet little section of the building was not in reality the "heart" of the famous school—whether or not in this room was to be found the secret of its success. Anyhow, looking round the walls one really envied the little lady in charge who has such wonderful power for portraying her imaginings and for supplying the inspiration for so many of the lovely pieces of work in the exhibition below.

* In another room the pupils were busy at work; and, by the way, if any of our readers are interested in studying any branch of needlework they

could not do better than take a course of training. The charges for teaching are wonderfully moderate, and information can be obtained by writing to the secretary of the Royal School of Art Needlework, Exhibition Road, South Kensington, S.W.

Originally the School was founded to give opportunity for ladies of limited means to do needlework for sale and so augment their incomes. It was opened in a room in Sloane Street, but it now occupies a very large building where one almost loses one's way in trying to explore the various sections. Perhaps the greatest benefit arising from the School has really been that of preserving the art of beautiful needlework, and only in later years perhaps will it be realised of what immense value the School has been in this respect, although this aspect strikes one more perhaps than any other even now when one looks at the exquisite specimens and revivals of old-time designs and stitches.

AN ENERGETIC AUSTRALIAN MEMBER.

We hear that Miss Mollie Coleman has now sailed for Australia and she takes with her the good wishes of many friends whom she has made in the home country.

Miss Coleman came from Australia before the commencement of war and there is scarcely one of the allied countries in which she did not serve at some time throughout the long drawn out struggle. After working in France and Belgium she went to Serbia where she and others were taken prisoners. She has many very interesting experiences to relate of this period of service and of her return journey through Russia and Norway. During the war she found it necessary to return to Australia and went out on a hospital ship, but six weeks in Australia sufficed and as soon as possible Miss Coleman was again in military nursing uniform en route for France.

During the short holidays she has been able to secure she has visited the most famous towns in Great Britain and Ireland, and has seen much both of the latter country, the English Lakes, Wales, and the Scottish Highlands. Just before the war commenced, she took a course of fever training and also, since her first arrival in England, she has passed two of the Royal Sanitary Institute's examinations.

Miss Coleman takes a great interest in the organization of her profession, and it gave her fellow members of the R.B.N.A. very sincere pleasure to have with them in the Lobby, before the Second Reading of the Registration Bill, this very energetic member of the Australian branch, who is so well known and so popular in the Association.

Miss Coleman's three brothers have also fought for the Empire. She is in the habit of saying that every Australian should visit the homeland some time in his or her life.

(Signed) ISABEL MACDONALD,
Secretary to the Corporation

10, Orchard Street, W.

STATE REGISTRATION IN IRELAND.

We commend the admirable promptitude of the Irish Nursing Board, and the Irish Nurses' Association, when it was announced by the Minister of Health that he only intended to bring in a Bill for the State Registration of Nurses in England and Wales, owing to the fact that there are now departments for the control of health matters in Scotland and Ireland, in at once approaching the Chief Secretary for Ireland (Mr. Macpherson), to urge upon him the necessity of a Bill for the Registration of Nurses in Ireland.

The result of this action upon the part of Irish nurses was that on Wednesday, November 26th, Mr. Macpherson introduced into the House of Commons the Nurses' Registration (Ireland) Bill "to provide for the Registration of Nurses in Ireland," and it was supported by the Attorney General for Ireland.

The Bill was ordered to be printed, and was put down to be read a second time on the following day, Thursday, November 27th, but so far this has not been reached.

NURSES' REGISTRATION (IRELAND) BILL.

This Bill is almost identical with the English Bill, the only difference being (1) that the Chief Secretary for Ireland will be entrusted with the duties, in relation to nurses' registration, which come under the authority of the Minister of Health in the English Bill; and (2) It is provided in the schedule (Constitution of Council) that ten persons instead of twenty-five shall form the General Nursing Council, and that the First Council shall be constituted as follows:—

Four persons appointed by the Chief Secretary, after consultation with persons and bodies having special knowledge and experience of training schools for nurses, of the work of matrons of hospitals, of general and special nursing services, and of general and special medical practice.

Six persons who are or have at some time been nurses actually engaged in rendering services in direct connexion with the nursing of the sick, appointed by the Chief Secretary after consultation with such associations of organised bodies of nurses or matrons as represent to the Chief Secretary that they desire to be consulted in the matter.

After the expiration of the term of office of the first members of the Council, the Council shall be composed of four persons appointed by the Chief Secretary, as aforesaid, and of six persons, being persons registered as nurses under this Act, elected in accordance with the prescribed scheme, and in the prescribed manner by the persons so registered at the date of election.

We have no doubt, whatever, that a means of reciprocity, satisfactory to the nurses of the United Kingdom, will be adopted, and that the relations between the three Nursing Councils will be conducted with harmony and good will, for the benefit of the public and the nurses, for which purpose Parliament will have endowed them with judicial and disciplinary powers.

REGISTER OF NURSES.

The Irish Nursing Board has now published its first Register of Nurses, up to June, 1919, inclusive. It contains in separate columns, clearly arranged, the names, addresses, date of registration, and the qualifications of the nurses registered.

THE CHILDREN'S HOSPITALS AND THE NURSES' BILL.

NURSES' REGISTRATION (No. 2) BILL.

RESOLUTIONS ADOPTED BY THE COMMITTEE OF REPRESENTATIVES OF THE PRINCIPAL CHILDREN'S HOSPITALS IN LONDON, AT A MEETING HELD AT THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET, LONDON, W.C. 1, ON TUESDAY, NOVEMBER 25TH, 1919.

It was proposed by the Chairman of The Hospital for Sick Children, Great Ormond Street, W.C. 1, seconded by the Chairman of the Victoria Hospital for Children, Tite Street, Chelsea, S.W., and carried *nemine contradicente*:—

"That the Committee of Representatives of the principal Children's Hospitals in London approve of the Bill in principle, but the Committee strongly urge that the interests of the Children's Nurses shall be protected by the appointment of not less than two persons on the Council."

It was proposed by Mr. Meller (Queen's Hospital for Children), seconded by Mr. Staniland Smith (Evelina Hospital for Children), and carried unanimously:—

"That recognition be given to the following resolution, adopted by the Committee of Representatives of the principal Children's Hospitals in London, on Wednesday, August 9th, 1916:—

"That Nurses trained in a recognised Children's Hospital for three years should be eligible for the full certificate by taking not more than two years' training in a recognised General Hospital."

The latter resolution is an expression of opinion which is unsuitable for incorporation in an Act of Parliament, but it is one which will doubtless come up for consideration by the General Nursing Council, when appointed, when defining the various reciprocal curricula for the training of nurses. Our consistent objection to Supplementary Registers of Specialists is that it is not fair for special hospitals to side track their trainees, and thus place them at an economic disadvantage in the prosecution of their profession. No nurse can be considered generally trained who has not passed through a term of practical experience in the nursing of sick children—and we would add the care of healthy children as well—so that reciprocal training between the General and the Children's Hospitals must be one of the questions of professional organisation to come before the General Nursing Council early in its deliberations, and with good will, always keeping the welfare of the patients to the forefront, we have no doubt a way will be found of conserving the interests of the Training Schools, as well as of the Nurses.

GENERAL MEDICAL COUNCIL.

The result of the election for four direct representatives for England to be members of the Council is as follows:—

Elected.—Sir T. Jenner Verrall, M.R.C.S. (Bath), 5,362 votes; R. A. Bolam, O.B.E., M.D. (Newcastle-on-Tyne), 4,872; E. B. Turner, M.R.C.S. (London), 4,803; J. A. Macdonald, M.D. (Taunton), 4,745.

In offering congratulations to all four gentlemen, trained nurses will wish to express through this journal—the nurses' registration organ—their special felicitations to Sir Thomas Jenner Verrall and Mr. E. B. Turner—both good friends of our State Registration cause—Sir Thomas Jenner Verrall has long been a delegate on the Central Committee, representing the British Medical Association and given it the benefit of his fine administrative talents; and to Mr. E. B. Turner, as Chairman of the Medico-Political Committee of the B.M.A. we also owe a special expression of gratitude for invaluable help last summer when our Bill was before Parliament.

THE NURSES' CO-OPERATION DISPUTE.

Those representing the Nurses on the Nurses' Co-operation, 22, Langham Street, W. 1, having been interviewed, refuse to make any statement as to the matter at present under discussion between the members of the Society and the members of the Nursing Staff. Sir Henry Burdett, being a member of the Society, and therefore in a position to attend their meetings, does not scruple to make copy for his papers of the private affairs of the Co-operation. The opinion of seven out of ten of the Nurses' Representatives is that as the matter is in the hands of the legal advisers of both the members of the society, and the members of the Nursing Staff, with a view to the whole position being adjusted, it is neither right nor proper that any publicity should be given to the question at the present time.

This attitude has also been adopted by Miss Hoadley, the Lady Superintendent of the Co-operation.

Many years ago this journal pointed out to the Nurses that they were not members of the Co-operation, and that Sir Henry Burdett and other members of the laity having been incorporated by name as "The Nurses' Co-operation," they had entire power of management, financial and disciplinary, and the nurses were merely their servants. In the past nurses have been so lacking in business acumen that they have been the sport of a variety of exploiters, and we fear they are doomed to suffer for their apathy and ignorance.

We have never yet met a nurse member of the College of Nursing, Ltd., who has read its Memorandum and Articles of Association before signing the unjustifiable Agreement by which action she signs away her right of appeal, should

the Council—largely composed of rich and influential employers and their salaried officials—remove her name from the so-called register they have compiled, and incidentally from membership of the College.

The private nursing world will await with interest an accurate report of the Nurses' Co-operation dispute, and in the meanwhile will condemn unhesitatingly Sir Henry Burdett's action in publishing in his journals the privileged proceedings of the Committee of which he is a member, the type of journalistic tactics for which these publications are notorious. His attack upon the nurses—euphoniously termed "wolves" in one of these rags—will make them still more determined to no longer submit to his intolerable control if by hook or by crook the law can release them from it.

We hear that Her Royal Highness Princess Louise who is the Patroness of the Nurses' Co-operation, has been appealed to to relieve the situation.

PUBLIC HEALTH.

AN IMPORTANT NEW DEPARTURE.

The National Union of Trained Nurses has always taken an active interest in the Public Health work of Nurses, and sends us the following interesting item of information, i.e.

The Minister of Health is proposing to appoint a small number of Nurse Inspectors for the purpose of assisting the medical staff of the Ministry in inspectional work throughout the country. Candidates for these appointments should possess the following qualifications:—

- (1) Full nursing training, general and children's hospitals.
- (2) Central Midwives' Board Certificate; also subsequent practice in Midwifery.
- (3) Experience of Health Visiting or Sanitary Inspector's work, or inspection of Midwives.
- (4) Knowledge of maternity and infant welfare centres and day nurseries.
- (5) Experience of social questions relating to maternity and child welfare work.

The scale of salary will be £250 a year, rising by increments of £20 to £500 a year, inclusive of war bonus.

INSURANCE INSPECTORS.

It may not be generally known that the post of Woman Inspector in the Insurance Department of the Health Ministry is generally filled by the promotion of Assistant Inspectors. We are informed that any future vacancies for the latter posts will be filled in accordance with the general scheme for the recruitment of the Civil Service, but it is not possible at present to give any information of the number of vacancies which are likely to occur, or of the qualifications which will be required.

APPOINTMENTS.

MATRON.

Kingston Nursing Association, Kingston-on-Thames.—Miss Trotter has been appointed Matron in succession to Miss Harborough, who has resigned. She has for some years been working in Guildford and has excellent testimonials from the Queen Victoria Jubilee Institute.

ASSISTANT MATRON.

Dean's Isolation Hospital, South Shields.—Miss Lucy Eleanor Shaw has been appointed Assistant Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne and the North Western Hospital, Hampstead (M.A.B.), and has been Sister at the Plaistow Fever Hospital. She was mobilised on August 4th, 1914, as Sister in the Territorial Force Nursing Service at the First Northern Hospital, Newcastle-on-Tyne, and was on active service with the British Expeditionary Force in France and Belgium from February, 1915, until October 29th, 1919, during which time she was successively Ward Sister, Divisional Sister, and Home Sister and Night Superintendent at General Hospitals, Stationary Hospitals, and Casualty Clearing Stations.

NURSE MATRON.

Cottage Hospital, Colwyn Bay.—Miss Margaret Evans has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Edinburgh, and has held the position of Charge Sister and Night Superintendent in several War Hospitals, and at the Hospital for Women and Children, Leeds.

NURSES' CASE BOOK.

Nurses on private duty find that the keeping of daily records is greatly facilitated if they use a well-arranged Case Book. Such a book is supplied by the Surgical Manufacturing Co., Ltd., 83-85, Mortimer Street, London, W. 1, and at 8, Park Quadrant, Glasgow.

A page is arranged for both day and night nurse, spaces being left for recording the nourishment and stimulants taken, the time of their administration, the amount of sleep the patient has had, the amount of urine and motions passed, and the medicines administered, with a line for a summary for the twelve hours. There is also space for any special notes by the nurse. The medical practitioner on his visit can thus note the essential points of the case at a glance. The above firm will be pleased to send one of these useful case books, free of all charges, to any nurse who cares to call or write for it.

AN HISTORIC OCCASION.

On Monday, December 1st, with the Prime Minister and the Right Hon. A. J. Balfour as sponsors, the Viscountess Astor, the newly elected member for the Sutton Division of the Borough of Plymouth, took the oath of allegiance in the House of Commons, and subsequently took her seat. So quietly is history made; and the Mother of Parliaments is no longer a male preserve from which women are rigidly excluded.

We regret we are unable to award a prize in our Competition this week.

BOOK OF THE WEEK.

"CRIMES OF OLD LONDON."*

Here we have a collection of short stories, and as the title forshadow, they are of an exciting and mysterious character. We have been so often charmed with Miss Bowen's delightful historical romances which have owed so much to local colouring, and in this volume she brings the same art to bear, and weaves into the familiar haunts of London weird tragedies of a century or two ago, that are warranted to send one creepy to bed. In the hands of the author, these stories are bound to be vivid, and vivid they truly are. The most notable is the first "The Scoured Silk," and its interest is centred in Covent Garden and its immediate neighbourhood, and the church of St. Paul which as every Londoner knows stands right in the middle of the market. Miss Bowen's descriptive genius is brought to bear on the dramatis personæ of her tale. Humphrey Orford we are told had his portrait painted in 1733, and at that time was living near Covent Garden. There was then nothing remarkable about his dwelling place, and as far as his neighbours knew, nothing remarkable about his history. His father had purchased this town house in the reign of King William when the neighbourhood was very fashionable, and Mr. Orford had come to live in it twenty years ago and had never left it since.

He had brought with him an ailing wife, and he had given out that he had come to town as he wished to give her the diversion of a few months in town, she being of a mopeish disposition.

But Flora Orford had died very shortly afterwards, and was buried very simply in St Paul's Church, and a mural tablet with a draped urn was erected to her memory.

But this was twenty years before, and the shadowy figure of the young wife was forgotten, when an event occurred which gave rise to some gossip. This was none other than the sudden betrothal of Mr. Orford, and the announcement of his almost immediate marriage.

Miss Elisa Minden was about twenty years of age, and her father was Mr. Orford's best friend, if he could be said to have a best friend.

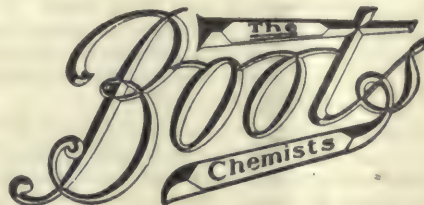
"The quiet betrothal was nearing its decorous conclusion, when one day Mr. Orford took Miss Minden for a walk, and brought her home round the piazza of Convent Garden, then took her across the cobbled streets, past the stalls banked up with the first spring flowers under the portico built by the great Inigo Jones, and so into the church.

"I want to show you where my wife, Flora, lies buried," said Mr. Orford.

And that is really the beginning of the story, though Miss Minden had been to this church every Sunday of her life and had been used, since a child, to see that tablet to Flora Orford, when she heard these words in the quiet tones of her lover

* By Marjorie Bowen, London: Odhams.

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and felt him draw her out of the sunlight into the darkness of the church she felt a great distaste that was almost fear.

Mr. Orford went on to point out to his young fiancée that his former wife was lying under their feet, "so close that she, if she could stand up, could put out her hand and take hold of your dress—so near as that. She was a wicked woman," he said, "a very wicked woman."

As may well be imagined this uncanny incident was very unnerving to the poor girl, who was looking forward to her nuptials in this same church in about a week's time.

The gruesome discovery of his former wife, who was not resting quietly in St. Paul's Church, as supposed, but was incarcerated in a small room behind a panel in his study as a punishment for her unfaithfulness is an eerie piece of writing. The scoured silk petticoat that the unhappy creature had worn during her twenty years' imprisonment was the means of the bringing to light of the tragedy.

The story, "Heartsease," is located in Drury Lane, and describes the hopeless passion of a maid for a man, and how she took her own life in despair of winning his love.

"The Housekeeper" tells of a dissipated man of fashion, named Beau Sekforde, who lived in 1710 in his mansion in High Holborn. He had married a Countess in her own right, whose patent was from Charles II, and explained her career. From point of view of worthlessness there was not much to choose between them, and as the story opens, being at the end of their tether, their expensive household was at the point of dissolution, and in a state of extreme discomfort.

Beau Sekforde's first wife, Jane, though a shrew whom he had hated, was a notable housekeeper, and the point of the story is that although the house was deserted by the unpaid servants, yet nightly Beau alone found his room tidy and comfortable, his supper prepared, and his candle lighted for him on the hall table on his return home.

As Jane had met her death, unknown to all but himself, by his own hand, her ghostly ministrations naturally had a terrifying effect upon him.

He shrieks out his confession of murder, begging to be taken away, "somewhere—where she cannot tidy for me."

These stories will interest all true London lovers. Those of our readers who enjoy blood-curdling experiences will be quite satisfied with "The Crimes of Old London."

H. H.

COMING EVENTS.

December 13th.—League of St. Bartholomew's Hospital Nurses. Winter General Meeting, Clinical Theatre, St. Bartholomew's Hospital. 2.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

KERNELS FROM CORRESPONDENCE. CONCERNING THE BILL.

Old Bart's Sister.—"If you are satisfied, I am."

A Member Registered Nurses' Society.—"I got the Bill and studied it; it gives us nurses much more than I had ever hoped or expected. We have the vote, and that covers all."

Hospital Matron.—"I am one of those as a member of the Matrons' Council who rejoice that my profession is to be entrusted with so large a measure of responsibility. I have always been a nurse first and an official second. The pity is that so many of my colleagues have not seen things in this light." [The members of the Matrons' Council have stood by the whole profession, and not as a class of it apart, and have in the past done yeoman service in bringing about registration and, in consequence, self-government.—ED.]

Public Service Nurse.—"We are not yet used to the new Ministry of Health, and there is no doubt that under the Government Bill the new nursing profession will have to mind its 'p's' and 'q's,' so far as the Minister of that Department is concerned. This will have a good result, as we shall feel we have a representative in the House, looking after the interests of our work, which will give it a certain prestige. Now we are nothing and nobody, and our work the sport of every quack."

A Friend of Nurses.—"Nurses are naturally disappointed that there are to be three Bills and three nursing authorities instead of one for the United Kingdom, but devolution is the order of the day and makes for efficiency and economy. There seems no reason why registration by one Nursing Council should not be made applicable throughout the United Kingdom, and thus prevent duplication of registration and dual authority."

Irish Nurse.—"We soon took the bull by the horns about our Bill. You note it was introduced last Wednesday. Real Irishwomen prefer their own Bill, so long as we have freedom of contract throughout the United Kingdom. Those of us who have had to attend meetings in London have often found it impossible to do so, and the cost has been prohibitive. English, Scottish and Irish nurses have worked in great harmony throughout the war, and will no doubt continue to do so."

OUR PRIZE COMPETITION.

QUESTIONS.

December 6th.—What do you know of Vitamines, and of their importance in relation to infant feeding?

December 13th.—What is meant by "Barrier Nursing"? What are the necessary details to be carried out in "Cubicle Nursing"?

The Midwife.

CENTRAL MIDWIVES' BOARD.

LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives Board, held in London and the Provinces on November 3rd, 636 candidates were examined and 512 passed the examination. The percentage of failures was 19.5.

LONDON.

British Hospital for Mothers and Babies.—A. Crumlin, M. Gillanders, E. M. Hammond, F. M. Underhill.

City of London Maternity Hospital.—G. E. Clarke, J. M. Flint, A. R. Goodman, D. Head, M. J. Hewetson, R. R. Hopkins, E. Hunt, E. Inglesent, E. M. Jobling, B. L. Marsters, C. M. Martin, E. A. G. Young.

Clapham Maternity Hospital.—G. S. Ainslie, A. C. Andrews, R. E. Bentley, F. E. Carter, E. E. Chapman, E. Cox, S. Levers, A. F. Doel, M. A. Darling, F. S. Dupuy, J. Fleming, E. D. Howell, E. M. Hebbes, C. McI. Oliver, S. E. Reid, L. M. J. Tarr, H. M. Watts, V. A. C. Wood.

East End Mothers' Home.—S. E. Bexon, K. R. Butcher, L. T. Bull, R. Davis, D. Harris, E. J. Healey, R. E. James, F. M. Law, E. A. Lawson, S. McAvera, E. Mauley, E. Murray, A. Phipps, H. E. Pond, E. Rutherford, M. S. Seymour, A. E. Spinks, E. W. Symonds, A. T. Troughton.

Elizabeth Garrett Anderson Hospital and City of London Maternity Hospital.—L. D. Ritchie.

General Lying-in Hospital.—E. E. Barton, M. A. Berry, J. B. C. Bookless, A. E. Burnham, E. Dodd, J. M. E. Dunning, E. E. Emby, A. Fuller, M. Gee, M. Halls, K. J. Jeffrey, M. L. Jones, R. Lyons, A. E. C. Matthews, C. M. Mills, D. Mitchell, E. C. Ogilvie, A. Raven, A. K. Ross, M. E. Sapsford, D. F. E. Seaman, F. Taylor, E. M. L. Trousdell, G. B. Weir, M. Wilkinson.

Greenwich Union Infirmary.—E. A. Cook.

Guy's Institution.—M. D. Cabbage, G. J. M. Howis, M. K. Hunt, D. G. King, L. Morgan, M. E. Ross, M. G. Y. Turnbull.

Lambeth Parish Workhouse.—C. Rapson.

London Hospital.—A. T. Asboe, S. E. B. Curtis, M. L. Klamborowski, L. M. Le Rougetel, E. Lister, M. K. Moore, J. M. Rich, B. F. Singleton, A. M. Smith.

Maternity Nursing Association.—E. M. Ashcroft, F. Dallas, H. E. Johnstone, L. P. Lynes, J. M. Morris, D. J. Noy, P. G. Roberts, B. Smith, A. Spence, S. E. Street.

Maternity Charity, Plaistow.—N. Anerlay, C. E. Astley, E. M. Caley, B. E. Corbett, C. E. Cranage, F. M. Davies, G. W. Davies, G. M. Evans, M. Griffith, M. Hardiman, M. A. Harmer, E. Harvey, F. M. Henderson, L. Horne, A. A. Hughes, E. Jones, M. Jones, A. L. B. Jordan, N. H. Joyce, A. M. Krolfifer, E. A. Langthorne, E. R. Linnett, A. McCann, P. H. McLauchlan, A. S. Maguire,

A. G. Murphy, N. O'Brien, A. C. Peddy, C. S. P. Roberts, C. H. Robinson, H. M. Rose, B. M. Sexton, M. E. A. Smith, S. R. Smith, E. A. Symons, E. J. Talbot, S. Watson, E. M. Weedon, M. Wells, E. Williams, E. E. Williams, M. M. Wintle, R. G. Woods, B. Woollatt, E. Wright.

Queen Charlotte's Hospital.—A. E. Allnatt, E. M. Ball, E. A. Banton, L. B. Bartle, E. Bond, E. M. Brown, R. F. Carter, E. C. Clark, C. Deverell, M. J. Elsdon, E. M. Ereant, F. Fletcher, D. F. Foord, L. Frisby, H. Hailstone, L. K. Heron, E. Hulbert, E. M. Hurry, J. Jacobs, D. Kennedy, M. B. Knight, A. E. Lee, K. Lock, R. H. R. V. McCombe, M. Nettleship, F. M. A. Osborne, M. P. Peter, D. E. Pike, M. E. Seary, A. W. Silverton, J. W. Smith, E. Spicer, M. C. Thompson, D. C. P. Turner, C. A. Ward, M. Waterston, M. E. Weston.

Salvation Army Mothers' Hospital.—C. M. Bindloss, A. Ellis, H. E. Falconer, S. E. M. Love, M. McGregor, M. G. Mitchell, H. H. Nunneley, D. Peacop, A. H. Rhind, L. S. Stanes.

St. Bartholomew's Hospital.—S. A. Backhouse.
St. Marylebone Workhouse Infirmary.—L. P. Alderton, F. A. Coghlan.

St. Pancras South Infirmary.—M. E. W. Gordon, H. S. Rae.

St. Thomas Hospital.—A. K. Ewart, N. E. Fannin.

University College Hospital.—E. Buckley, S. A. L. Logie, B. F. Pinches, C. W. Tafe.

West Ham Workhouse.—M. Collins, H. L. A. Simpson, M. Smith, A. D. Teasdale.

PROVINCIAL.

Aldershot: Louise Margaret Hospital.—E. M. Andrew, M. L. Bartley, I. M. Le Couteur.

Aston Union Workhouse.—H. G. Churchman.

Birkenhead Maternity Hospital.—G. Butterworth, H. Forster, M. Hyes, F. Smith, L. A. Vaughan.

Birmingham Maternity Hospital.—E. J. Barber, I. Billington, E. Cleary, E. Cox, B. E. Crapper, M. H. Evans, A. H. Gill, A. Goodwin, A. B. Harris, E. M. Hide, A. Hilton, N. G. James, A. F. Johnston, L. Jones, M. Penson, S. Teakle, E. I. Titley, D. G. Wall, A. A. Wheeler.

Bradford Union Hospital.—C. Moore, F. M. Norton.

Brentford Union Infirmary.—D. M. Lewis.

Brighton Hospital for Women.—R. Awdry, N. F. Brown, E. G. Capron, M. D. A. Day, A. L. Eyre, D. M. Farrer, A. J. Payton, I. B. Thorne, M. E. Thorpe.

Bridgewater District Nursing Association.—G. E. Bird, J. Burrow.

Bristol General Hospital.—D. M. Crocker, J. E. Hillier, E. M. Joss, D. A. Turner.

Bristol Royal Infirmary.—O. M. Bishop, N. C. Deacon, G. M. Johnson, D. A. E. Mead, E. M. R. Pontifex, M. E. A. M. Weatherley.

Burton-on-Trent Union Workhouse.—E. H. Jebbett.

Cheltenham District Nursing Association.—M. M. Bowler L. C. Catchpole E. E. Cooper D. Leahy, A. G. Powell E. Rowbotham.

Chester Benevolent Institution.—G. Harbordt, E. G. Owen, F. Peterson, S. A. Tull.

Derby: Royal Derbyshire Nursing Association.—E. Besford, P. C. H. Dowling, H. Greenlow, J. Jackson, M. Pickerell, M. E. E. Turner, H. A. Wilcox, R. H. Williams.

Devon and Cornwall Training School.—M. Butland, B. J. Crowle, E. A. Harvey, B. M. Hayman, A. Sheaff, E. L. Stidworthy, E. S. Taylor, H. M. M. Weir.

Devonport: Alexandra Nursing Home.—R. M. B. Attwood, O. M. Brain, E. Law, C. M. Starr, L. V. Usher

Devonport: Alexandra Nursing Association.—G. M. R. Curtis, H. M. O. Hobbs, A. M. Mayers, D. Pennell.

Ecclesall Bierlow Union Infirmary.—C. F. Stewart.

Gloucester District Nursing Society.—C. M. Campion, M. E. Gould, M. R. Williams.

Halifax District Nursing Association.—M. C. Bredin, M. J. D. Ramsay.

Hastings District Nursing Association.—M. Jameson.

Herts County Nursing Association.—C. A. Lee, E. Watson, A. Whitaker.

Huddersfield Union Infirmary.—M. A. Chapman.

Hull Lying-in Charity.—H. B. Robbins, J. A. Winter.

Hull Municipal Maternity Home.—F. Grice.

Ipswich Nurses' Home.—F. Coleby, F. D. Jeffries, F. Lankester, E. F. Mason, E. F. Pepper, C. S. T. Prior.

Leeds Maternity Hospital.—E. M. Booth, E. Croft, D. H. M. Dove, M. E. Jones, A. Longstaff, T. M. Pearce, D. M. Pinkney, I. Ransom, E. A. Wales, E. Ward, M. Warrington.

Leicester Maternity Hospital.—M. Gibbon, T. M. Griffiths, J. McCaull, R. Nicholls, F. A. Potter, F. Richards, M. B. Richards, A. Rooke.

Leicester Union Infirmary.—E. M. Cragg, L. M. Gibson.

(To be concluded.)

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

The Examination of the Board, held on October 27th and 28th, held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has concluded with the following results:—

The following are the successful candidates:—

EDINBURGH.

Janet McCulloch Boyd, Martha Burnett, Jessie Brodie Clark, Joan Clunie, Janet Heriot Craig, Jane Wells Guy Cuthbertson, Margaret Arthur Dow, Maggie Esplin, Kate Fletcher, Isabella Ross Graham, Ethel Forbes Grant, Agnes Hendry, Mary Johnstone, Jessie Maggie Laird, Margaret

Litton, Margaret McEwan Macdougall, Flora MacIntyre, Agnes Hetherington McMillan, Jessie MacNab, Ann Brigid MacNeil, Jessie Michie, Agnes Miller, Hannah Bews Ritch Muir, Margaret Munro, Isabella Helen Niven, Margaret Ferrier Pace, Jessie Rae, Sarah Rankin, Agnes Sneddon Russell, Mary Laidlaw Scott, Betsy Jane Shorrock, Agnes Sommerville, Agnes Lamond-Stewart, Henrietta Stewart, Mary Strachan, Anne McCombie Summerfield, Chrissie Willison.

GLASGOW.

Nora Adamson, Mary Carswell, Margaret Ann Clark, Grace Hamilton Davidson, Annie Deanie, Florence Elmitt, Isabella Fleming, Hannah Gorman, Margaret Hall, Martha Brownlie Hamilton, Nicholas Houston Harvie, Margaret Ethel Hemsley, Annie Hogg, Helen Morrison Honeyman, Euphemia Mary Howse, Williamina Kidd, Jeanie Jackson Leggat, Florence Flude McCash, Mary McCulloch, Hannah McDougal, Margaret Shaw MacGillivray, Helen McGown, Catherine McGregor, Marion Monteath McLundie, Florence Marrens, Christina Matheson, Agnes Valentine Millar, Flora Jane Milton, Catherine Morrison, Isabella Morrison, Catherine Grace Munro, Bernadette Leah Nelligan, Jessie Paterson, Catherine Patterson, Jessie Maud Powell, Dorothy Ross, Jessie Knox Scott, Mary Smith, Maggie Stephen, Agnes Tainsh, Jean Urquhart, Jeannie Watson, Mary Sarah Meikle Watson, Helen Watt, Catherine Wright, Jenny Brown Young.

DUNDEE.

Helen Ann Stewart Buchan, Isabella Duncan, Davina Reid Low, Helen McMahon, Margaret Elizabeth Cecil Flora Sharp, Fanny Jane Sherratt, Mary Elizabeth Stewart, Jessie Garden Whyte.

ABERDEEN.

Margaret Cay, Mary Thomson Cruickshank, Jessie Weir Fraser, Helen Ann Smith, Annie Smith Souter.

EXAMINATION PAPER.

1. What urinary complications may occur during the puerperium? To what may they be due?
2. Give a description of the midwife's bag, metal case, or basket, and name the various things which the Central Midwives' Board has prescribed as its contents; if the bag or its contents have been in contact with a case of puerperal fever, how are they to be disinfected?
3. Describe, giving full details, how the catheter is to be passed on a puerperal patient with retention of urine.
4. In a primipara, unable to give the date of her last period, how would you make a diagnosis of pregnancy and calculate the probable date of confinement?
5. What points enable you to decide that there is a breech and not a vertex presentation?
6. What are the duties of the midwife to the patient and child during the lying-in period according to the Rules of the Central Midwives' Board?

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Vol. LXII

EDITORIAL.

CHRISTMAS GREETINGS.

Christmas, with all its happy and holy memories, approaches once again, and this issue of the JOURNAL carries its greetings to its numerous friends near and far. For many, perhaps most, of us it brings memories of both sadness and pride, sadness that amongst the young and brave whose presence was so dear, and made past Christmases so gay, many will never more gladden us with their fun and laughter. Pride that when the call came they responded nobly, that they offered every gift they possessed on the altar of patriotism, and that their names are enshrined for evermore in the Roll of the noble army of martyrs. To those of us who have these bitter-sweet memories Christmas brings its own message of comfort, when in the quaint salutation of the old carol we greet with "good day our Lord, Sir Christmas" :—

Go day syre criste masse our Kyng,
For everyman both olde and younge
Ys glad and blythe of youre compynge
Good day.

Alle maner of merthes we wole make
And solas to our hertys take
My semely lorde for youre sake
Good day.

Amidst our Christmas rejoicings also do not let us forget the aftermath of the great war. We have with us, as a charge from those who have made the supreme sacrifice, the care of the maimed, the halt and the blind, whom a war of unprecedented horror has injured for life—a sad legacy, did not their own cheery optimism put sadness to shame. We shall best enjoy our own Christmas if we endeavour to discharge faithfully and whole-heartedly this debt of honour.

THE CHRISTMAS GIFT TO THE NURSING PROFESSION.

To nurses as a profession, this Christmas will bring the greatest gift it is in the power of man to bestow. That is the gift of the Minister of Health, with the support of the Government, and of Parliament, of their Charter of Liberty through a Nurses' Registration Act, which secures to them power of self-government—a high privilege carrying with it corresponding responsibility. Whether or not the Nurses' Registration Bills, which have been read a third time in the House of Commons and are now before the House of Lords, become law this session, we may confidently hope that the Royal Assent will be given to the Bills in the immediate future.

In the Debate on the Second Reading of the Nurses' Registration (Ireland) Bill, the Attorney-General for Ireland (Mr. Denis Henry) told the House of Commons "The Bill before the House is practically a copy of the Bill that applies to England and which has already received a third reading. A very slight verbal alteration is made to suit the administration of it to Ireland. Another condition contained in it is a provision absolutely identical to that in the English Bill, which enables Irish and Scottish nurses to be registered in England. We propose that the English and Scottish nurses shall be registered in Ireland. The Scottish Bill is on the Paper, and I am informed that it will be taken at the earliest possible moment, and the idea is to press this Bill, and the Scottish Bill on, as rapidly as possible." This has been done.

Up to the present nurses have been permitted little voice in the management of their own affairs; now that they are to be entrusted with responsibility we hope that they will realise the duty of exercising it for the benefit of the public, and for the greater honour and dignity of the nursing profession.

With all our heart, and in deep thankfulness, we wish our readers "A Merry Christmas."

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF VITAMINES, AND OF THEIR IMPORTANCE IN RELATION TO INFANT FEEDING?

We have pleasure in awarding the prize this week to Miss Winifred Appleton, University College Hospital, Gower Street, W.C. 1.

PRIZE PAPER.

Vitamines (word derivative *vita*—life) are a group of substances present in minute quantities in natural foods such as milk; they are necessary to healthy nutrition, and if removed from any class of food, by whatever process (milling, sterilisation, &c.), their absence is responsible for the production of disease. Diseases traced to this source are known as "deficiency of food diseases," the best known being rickets, scurvy and beri-beri.

Careful regulation of diet is of the greatest help both in the restoration and the maintenance of health, and the modern advances of science throw much light upon this interesting subject with the relations of food, heat, and mechanical force.

Articles of food must be sufficiently varied to meet requirements of taste and appetite, and their conditions must be suited to the digestive powers of the alimentary tract. The exact proportions in which to use food with a minimum of waste is the problem of diet.

If insufficient food is taken, the body literally burns up its own tissues and loses weight; on the other hand, overfeeding is a predisposing cause of many infantile and adult diseases.

The influence of dietetic errors in disease production is also aggravated by such depressing circumstances as congenital weakness, cold, damp, fatigue, alcoholic excess, unhygienic surroundings, as well as prostration from febrile diseases, syphilis, &c.

An authority on the new dietetics states that "a complete diet must contain not only the protein fat, salts, and so forth that we all know about, but also other things, frequently but inaccurately called 'vitamines,' or, too modestly by Hopkins, 'accessory food factors.' If we read 'accessory' to mean 'essential,' the term will serve. In the absence of these factors there develop 'deficiency diseases' such as myxœdema, known to be due to a deficiency of certain 'internal secretions.'"

In considering diet the fundamentals of healthy nutrition and disease, with a knowledge of the composition of food and the essentials of a normal diet, must be well understood. Diet in disease should be as nearly that of health as the altered conditions of nutritional

powers will allow; rest must be obtained for a diseased organ by the removal, as far as possible, of such food-elements as increase that organ's functions. Starch food should never be given before that period of life at which the saliva and pancreatic juice attain functional activity.

Infantile feeding is now brought prominently before the public, owing to the recent large rate of infantile mortality, especially in the more populous areas.

A new-born child should be entirely breast-fed for the first six or eight months, beginning as soon as nature permits, providing that both mother and child are healthy.

In many cases recourse has to be made to artificial feeding, and the simplest and best substitute for the mother's milk is that of the cow, when the proportions of its composition have been approximated to mother's milk.

A glance at a comparative table of the composition of human and cow's milk shows the necessity of diluting the latter in proportion to amount given, and age of child; this reduces the excess of proteins and fats, and the corresponding reduction of carbo-hydrates is counteracted by the addition of milk sugar. Water is usually decreased as child grows older, and finally omitted.

Special attention to cleanliness and sterilisation of the bottle is important. The bottle should be specially fitted with a rubber teat fitted direct on to a neck, and all rubber tubing should be avoided.

Whatever the method of feeding selected, if the diet is to be satisfactory it must be one from which the vitamins have not been removed.

The best means of judging whether the adopted method of infant feeding is successful is to observe weight of child; quantity of feed may be increased if no gain in weight and no signs of difficult digestion, but if child is not gaining, and there are stomach and intestinal disturbances evidenced by vomiting, diarrhoea, or constipation, the characteristics of the excreta must be carefully noted and reported, and any dietetic error should be altered or remedied.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. Ferguson, Miss M. Farrer, Miss P. Thomson.

QUESTION FOR NEXT WEEK.

What is meant by "Barrier Nursing"? What are the necessary details to be carried out in "Cubicle Nursing"?

THE PROGRESS OF STATE REGISTRATION.

A GREAT HEALTH MEASURE.

Members of the Nursing Profession will realise that, after so many years of discussion, the drafting of a Nurses Registration Bill (for England and Wales) which is acceptable to all concerned has not been achieved without great consideration and thought.

The fact that Dr. Addison, Minister of Health, has brought his professional knowledge to bear on the question, and has given sympathetic consideration to the nurses' claims and rights, has been an immense factor in reconciling the diverse interests involved, and the profession also owes much to the careful drafting of the Bill by the Ministry of Health, for the phrasing of the Bill has not been accomplished without an infinity of pains being expended upon it by this Department.

Nurses who have been in the House of Commons, and in the Committee Room, while the Bill has been under discussion realise with gratitude the close personal attention given by the Minister of Health to the Bill at all points of its progress, and the skill with which he guided it through the perils which await the best thought-out measure before it is placed on the Statute Book. The debt they will owe to Dr. Addison is one of life-long gratitude, for he has given them that most priceless of gifts—their legal status, and the power to organise themselves for the good of the public, and of the members of the nursing profession.

THE BILLS IN THE COMMONS.

Immediately the Government Nurses' Registration (No. 2) Bill for England and Wales passed through Committee B on Tuesday, December 2nd, it was reported with amendments to the House, and was ordered to be printed. The Minutes

of the proceedings of the Standing Committee were also ordered to be printed, and the Bill as amended to be taken into consideration on Monday, December 8th.

NURSES' REGISTRATION BILL FOR SCOTLAND.

On Thursday, December 4th, Major Henderson asked the Secretary for Scotland whether it is proposed to introduce for Scotland legislation similar to the Nurses' Registration Bill; and, if so, whether such legislation will be introduced before or after Christmas.

Mr. Munro replied, "Notice has been given to-day of the introduction of a Nurses' Registration Bill for Scotland."

Thus the three Bills, for England, Ireland, and Scotland, have been introduced within a month of one another.

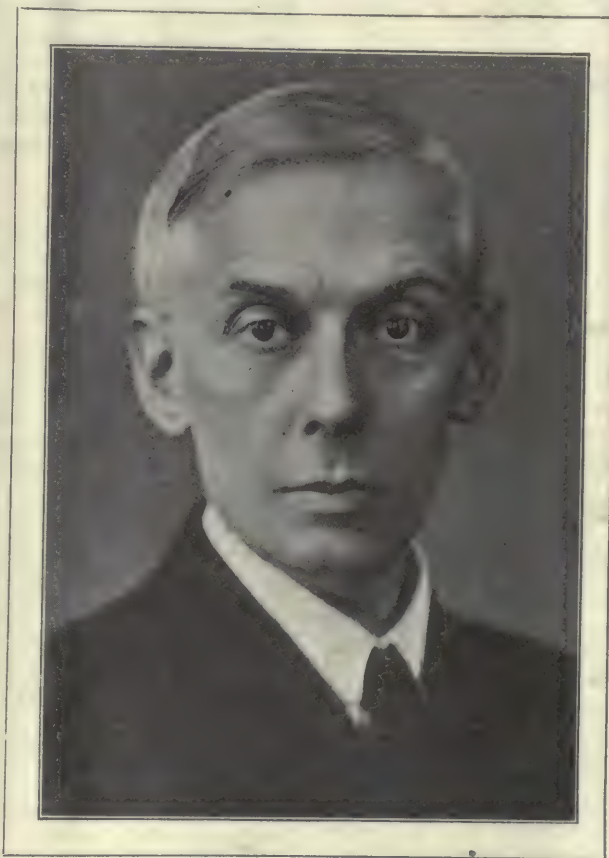
BILL READ A THIRD TIME AND SENT TO THE HOUSE OF LORDS.

The Orders of the Day for Monday, December 8th notified the consideration of Bill (No. 2) for England and Wales, directly after the debate on the Housing Bill, so during the lengthy consideration of the latter measure the Old Guard sat many hours awaiting the turn of the Registration Bills—all three of which were down for consideration.

It was a very thrilling moment when, at 11.45 p.m. the Housing Bill was given a second reading, and the Speaker rose with the Orders of the Day in his hand, and said:—

"Nurses' Registration (No. 2) Bill; the question now is that the Bill be read a third time," to which assent was given without discussion. The Bill was, therefore, sent automatically to the House of Lords.

On Tuesday evening the Irish Bill passed through Committee and was read a third time, and the Nurses' Registration (Scotland) Bill was passed through all its stages. All three Bills can now be considered by the House of Lords at the same time. This is fine!



THE RIGHT HON. CHRISTOPHER ADDISON, M.P.,
M.D., P.C., MINISTER OF HEALTH.

NURSING ECHOES.

The Establishment Committee of the London County Council have reported that they have had before them a petition from the school nursing staff of the Public Health Department for increased remuneration, by reason of (1) their pre-war scales of salaries being insufficient for the provision of a reasonable degree of comfort and maintenance of their proper professional status, and (2) the continued rise in the cost of living.

The Committee recommend the adoption of the following scale of salaries, and the institution of an upper grade of nurses, to be designated "School Nursing Sisters" :—

School Nurses.—Salary from £157 to £181, including laundry allowance, also uniform, valued at £10.

School Nursing Sisters.—Salary from £181 to £205.

Assistant Superintendents.—Salary from £207 to £244 10s., with uniform valued at £10 per annum in each case.

A rise for temporary school nurses is also recommended.

The ultimate extra cost is estimated at about £5,750 per annum.

Appended to these highly satisfactory recommendations of the Establishment Committee is a statement that the Finance Committee have considered in its financial bearings the above estimate, submit the same as chargeable to maintenance account. But the Finance Committee submitted the following report :—

We are informed that the whole of the nursing staff concerned has received three years' training, and it appears to us that, in view of the increasing cost of the nursing service, the question of the employment of probationers at a lower rate of pay should be thoroughly considered. . . . We think that the question of the employment of a substantial proportion of probationers or partly trained persons on the nursing staff should be fully considered. . . . We submit the present estimate on the understanding that this question will be considered without delay.

Should any such retrograde course be adopted the school nurses have the remedy in their own hands.

Miss Hoadley, Lady Superintendent of the Nurses' Co-operation, and Miss Hollelly, Sister-in-Charge of the Howard de Walden Home, were "At Home" at 35, Langham Street, Portland Place, W., on Friday, December 5th, when the work and gifts of the members of the

Needlework Guild were exhibited. Some six hundred articles, which would gladden the heart of any Matron or Ward Sister, were on view. They included warm nightdresses, petticoats, flannel petticoats, woolly scarves, felt slippers, socks, bed socks, shirts, dressing jackets, handkerchiefs, a delectable knitted crimson sweater, a blue serge kilted skirt and white blouse for a little girl, warm petticoats on unbleached bodices, warm little stays, and a host of desirable things for the tinies, including dainty frocks, woolly jackets, and soft warm knitted vests. Tea was served in the restaurant, which is such a feature of the Club, and many old friends met and enjoyed an exchange of experiences. As soon as the guests had left the articles were apportioned and despatched to the hospitals selected.

A question causing great anxiety to many Matrons in these days of shortage of probationers, is how to secure the proper cleanliness and care of the wards, as well as the care of the patients.

Miss Dowbiggin, R.R.C., of the Edmonton Infirmary, is just now experimenting on lines which promise to be a success, in employing a number of ward orderlies. She finds that a proportion of the girls who apply to be taken on as probationers are not suited to train as nurses, but that, at the same time, they are vigorous, healthy, young women, desirous of working in a hospital. Suitable applicants are, therefore, engaged as ward orderlies, with the result that, the ward work being their "job," they take a pride in it, instead of regarding it as something that must be got through as a condition of training. A certain number of the wards have no orderlies, in order that the probationers may learn to be proficient in ward duties.

We hear from several large training schools that V.A.D.s who have been admitted for a three years' term of training, find the work too hard, and are not fulfilling their contracts. Most of these girls have begun at the wrong end of the stick, and after enjoying in military hospitals the performance of duties in ward and theatre which in the training schools are reserved to the staff nurses and sisters, it is hard to submit to drudgery, tuition, and discipline.

A correspondent of the *Record* who has been visiting Brussels with the British Chaplain who was with Miss Cavell in her last moments, asked the Rev. S. H. T. Gahan to enable him to see the spot where she laid down

her life. He writes that on presenting his credentials at the Tir National "A Belgian man at once took me along the passages and opened a door which led into a deep verandah-like covered place under which men could fire at distant targets without going into the open. A wall waist high kept us from going further, but a wooden gangway led up to the top of the wall and down at the other side.

"A stake showed the spot where she sat blindfolded. To the right, some distance away, was a small cemetery where her body rested till the end of the war. I stood where the soldiers stood, and then stood in the snow where that wonderful woman had faced death so fearlessly at five paces."

The *Record* correspondent was allowed to copy from a German paper, in which the German chaplain, who attended Edith Cavell at her execution, had written a long article on the circumstances. Most of them are already familiar, but there are many interesting and intimate details which are made public for the first time. He says: "In the early grey of the morning I set out in the armoured car and drove to the prison. I was announced to Miss Cavell. If I remember rightly the soldier told me she had just knelt down by the table. A flickering gaslight burned in the cell, and there were two large bunches of withered flowers that had stood there for ten weeks. Miss Cavell had packed a few belongings with great care in her hand bag. I conducted her through the long passages of the great prison. The Belgian prison authorities stood there, and greeted her silently with the greatest respect. Then we mounted the armoured car which was waiting for us in the courtyard. I led her to the stake, to which she was loosely tied. A bandage was tied round her eyes, which the soldier told me were full of tears. A few minutes later the coffins were taken to the grave and lowered. I prayed over Edith Cavell's grave and said the Lord's blessing. But when I got home I felt sick at heart. I can testify the whole sad business went off without any accident."

Nurses in Melbourne wish to register the trained nurse's cap (handkerchief style or tails), as it is being worn so much by V.A.D.s and other partly trained nurses, but as the Bill for Nurses Registration printed in *Una* is of a crudity inconceivable, we fear there is little likelihood of the idea being sympathetically adopted by Victorian legislators. They appear to love a quack with even greater ardour than the B.P. at home—if that is possible!

NURSING PROGRESS.

AT THE LONDON HOSPITAL.

We most cordially congratulate the Governors of the London Hospital on the resolve to increase the term of training at the London Hospital to three years, and thus to give the probationers of that hospital the advantage of a year's additional work in the wards, instead of utilising their services as private nurses in their third and fourth years at the discretion of the hospital.

This decision was announced by the Chairman, Viscount Knutsford, in connection with the statement that the Matron (Miss Monk) was working out a scheme to reduce the hours of the nurses' work. It was, he said, impossible to reduce them to a forty-eight hours week. That would mean an additional 300 nurses on the staff. Where could they be housed, and how could they be paid? The public also must realise that if forty-eight hours was the working week of nurses in hospitals it would be so of all nurses. Very few patients could afford to engage three nurses instead of two.

"I MAKE THIS CHANGE WITH GREAT RELUCTANCE."

"But now," said Lord Knutsford, "if during these two strenuous years of training we are to shorten the hours we must lengthen the time of training. So we propose to make it three years instead of two. I confess I make this change with great reluctance. It has not been forced upon us by any pressure from outside, and if we were not shortening the hours we should not dream of altering a system which has succeeded so wonderfully."

Whether or not this change has been forced from the outside, the one thing we regret is that it has not been forced from the inside, and that nurses at the London Hospital have not taken collective action to bring about this reform. For, what the two years term of training, and two years of obligatory further service has meant, is that nurses sent out from the London Hospital in their third year were competing unfairly with the three years' trained and certificated nurses from other hospitals. You cannot yourself submit to unfair conditions without injuring your colleagues, and the fact that London Hospital nurses consented to be utilised in their third year in this way inflicted an injury on the private nursing world.

Happily this wrong will now be a thing of

the past. The clinical material available for training purposes at the London Hospital is second to none. We congratulate the Matron that she will now be able to utilise this to greater advantage, especially in the case of gynaecological work; we congratulate the nurses on the more thorough training they will receive, and, especially, we congratulate the patients that the proportion of experienced staff nurses in the wards, both on day and night duty, will be greater than heretofore, and that presumably the Sisters will be selected from the three years' certificated nurses. Lastly we congratulate the Chairman of the London Hospital on having realised the necessity for this act of justice.

In the past Governors of Hospitals have been able, to a great extent, to dictate terms to their employees, who have been unorganised, and consequently unable to do any collective bargaining. Nurses are, however, now showing that they are alive to the necessity for combination, and, with the prospect of the establishment of a General Nursing Council for the good government of the profession, and the organisation of the nurses themselves in a trade union, juster contracts of service will be secured in the future.

AT THE ROYAL INFIRMARY, BRADFORD.

There was a large gathering of people interested in the welfare and progress of the scheme for a new Infirmary at Bradford at the formal opening of Field House as a hostel for night nurses and a preliminary training school, by the Lord Mayor on Wednesday, December 3rd. This is one of the houses on the estate purchased some years ago by the Board of Management for the erection of a new Infirmary, and was used during the war as an auxiliary hospital. Since it was closed last June it has been refitted and furnished to accommodate twenty-four nurses, a Sister-in-Charge, and the necessary domestic staff.

Although quite convenient for the tram service, it is beautifully situated overlooking the city, and stands in its own extensive grounds. The house, which was the residence of the late Mr. Isaac Smith, is most spacious and beautifully designed. The large hall, panelled with mahogany, and fine staircase, make a delightful lounge. The fascinating music room, with heads of composers and instruments of music depicted in stained glass and panelling, with French windows leading on to the terrace, is now the nurses' sitting room. The dining

room has been retained for its original use, and will also be used as a recreation and lecture room. The library has been set apart as a class-room for demonstrations in practical nursing, and the drawing room is used by the Sister-Tutor in charge as office and sitting-room. The other rooms have been converted into bedrooms, furnished with oak Duchesse sets and roomy cupboards, and the floors covered with linoleum and rugs. The rooms are provided with fixed basins and hot and cold water, and good bathroom and lavatory accommodation has been added. The house is centrally heated, and every care has been taken to make the nurses comfortable.

The extra accommodation provided is sufficient for the entire night staff, which has been increased to allow each nurse to have a weekly night off duty, and to provide extra probationers for the busy wards; and also for the necessary number of pupils to maintain the full complement of the nursing staff.

The pupils will enter for a course of two to three months, paying a fee of £5. No uniform will be necessary, as they will be provided with white overalls and caps. The syllabus will include all elementary nursing, bandaging, padding and preparation of splints, surgical appliances and dressings, sick room cookery, care of linen and stores. Lectures will also be given in Hygiene, Anatomy, Physiology, and Nursing Ethics, with instruction in note-taking, and answering of examination questions. Practical nursing experience will be given in the wards at the Infirmary under the direct supervision of the Sister-Tutor.

The night nurses are already in residence, and eight pupils have been accepted for preliminary training in January. Miss H. Mills is Sister-Tutor; she was trained at Leicester Royal Infirmary, where she had experience in the training of pupil nurses in addition to holding appointments as Ward and Out-patients' Sister, and later Night Sister at Salop Royal Infirmary.

We heartily congratulate Miss Jessie Davies, the Matron, on this fine step forward in nursing organisation, and hope under the department of Nursing Ethics pupils will be well grounded in Nursing History. The four volumes of "A History of Nursing," by Professor Adelaide Nutting and Miss Lavinia L. Dock, price £2 10s. the set, can be obtained from G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C. 2.

This History, containing as it does a wealth of information, should be accessible to every pupil nurse.

PUBLIC HEALTH.

A MATERNITY AND CHILD WELFARE SCHEME.

BY GRAEME HALKERSTON.

Each borough has its maternity and child welfare scheme now. Such schemes have for their objects the bringing down of the infantile mortality figure, and the making and keeping fit of children under five. Women doctors, nurses, health visitors, women sanitary inspectors, and midwives are all employed under a perfect scheme.

Being especially interested in the borough of Middlesbrough where the infantile mortality figure ranges about 140 per 1,000, I propose taking its scheme as an example. The members of the staff work under the statutory committee of maternity and child welfare and the sanitary committee. The head of the staff is a woman medical officer who is responsible to the medical officer of health. The success of any maternity and child welfare scheme is due in a large part to the personality of the women on the staff. The health visitors must get on well with the medical officer who in her turn must get on well with her committee and with the general practitioners. The health visitors must prove themselves acceptable to the mothers. It is useless for nurses to enter this department of their profession simply as a means to make bread and butter. I can imagine nothing more dreary to a nurse than to be a health visitor if she does not like the work. She will see no interesting sick cases as she does in hospital, or even as a district nurse. The health visitor's work is preventive. In selecting a health visitor, her personality is almost as important as are her qualifications. If she is rabid over efficiency, she will fail. I knew one health visitor who went round her district pulling comforters out of babies' mouths and throwing them in the fire. The mothers bought fresh ones. She laughed at and scolded the midwives for their old-fashioned customs. What is required is a patient tolerance, a willingness to help mothers who seek advice, and a tact either in giving unsought advice, or in leaving mothers alone. As to qualifications, the more the better. It is a relief to the head of a scheme to deal with trained women. The usual qualifications are:—(1) that of a general trained nurse; (2) that of a fever trained nurse; (3) the C.M.B. certificate; (4) a sanitary inspector's or health visitor's certificate; (5) a training in social work.

Middlesbrough has 130,000 population, which implies about 2,500 births a year. There are five health visitors and five child welfare centres. The health visitors receive a tram allowance with each monthly pay, and £15 a year for uniform. A fortnight's holiday is given in the summer, and other holidays throughout the year bring the holiday up to a month. The hours are short, from 9.30 a.m. to 5 p.m., with an hour and a half off at midday. Each visitor has a district to herself, with an average of 500 births a year, and

she attends her own centre one afternoon weekly. There is a sixth health visitor who is supervisor of health visitors and assistant inspector of midwives. (The medical officer is the inspector of midwives.) There is also a whole time woman clerk who takes charge of all registers, and a nurse to visit all notified cases of measles. An address book is kept in the health office of women who wish work, and we are often able to throw a day's charring in their way, or send them out as untrained home helps. There are no municipal home helps.

The health visitors and the midwives receive periodic addresses from the medical officer, which ensures that there be a uniformity of teaching by the members of the staff. There is then no chance of the medical officer advising 3 hourly feeds, a health visitor 2½ hourly feeds, a midwife 2 hourly feeds. If a mother receives the same advice from every one she turns to, she will begin to think it must be correct.

When the health visitors arrive in the office in the morning each receives the notifications of birth for her own district, makes out cards for the new cases, and starts on her round of visits. Births notified by midwives are visited on the date of receipt. Births attended by doctors are visited after a fortnight. A child is visited every two months until a year old (unless more frequent visits are indicated), and then every six months until the child is five, when his card is handed over to the school medical officer. At the end of each week the cards of the children visited during the week are given to the medical officer for inspection.

The health visitors' work at the centre where there is an average attendance of from 30 to 40 in an afternoon, includes weighing of children and bringing mother and child before the medical officer. Expectant and nursing mothers, and children up to 5, are eligible for attendance at centres. Each centre has its own committee of voluntary workers, who welcome the mothers, give them a penny tea, arrange for short addresses (happy lecturer who can make the mothers both laugh and cry!), give help with cutting out clothes and sewing, etc.

The Middlesbrough scheme includes a municipal maternity home for a minimum of 15 cases, and a municipal children's hospital for a minimum of 20 cases. These are at the moment being furnished, and will be opened in a few weeks. The medical officer is only administrator to the maternity home. Each doctor who sends in a case comes and acts as obstetrician himself, unless it is a midwife's case, when the maternity home staff conduct the labour. Mothers' and children's teeth will be attended to in the new building. Cases of ophthalmia neonatorum, poliomyelitis, marasmus, rickets, and, in short, such cases as are not urgent enough for the limited space in a general hospital, will be admitted. Minor operations, such as circumcision, removal of tonsils and adenoids, etc., will be performed. The medical officer is clinician as well as administrator to the children's hospital.

NURSES OF NOTE WHO HAVE PROMOTED REGISTRATION.

MISS ISABEL MACDONALD, Secretary, Royal British Nurses' Association.

It is characteristic of Miss Isabel Macdonald, Secretary of the Royal British Nurses' Association that if you invite her to tell you something of her history, like the true Scotswoman that she is, she begins to tell you that of her clan. And it is an ancestry of which she may well be proud, for the Clan Donald is the oldest and most famous of Scottish clans, claiming descent from Donald, grandson of Somerled of the Isles, in the twelfth century. For three hundred years previously the history of the Scottish Isles is bound up with the Norwegian invasion, and Norwegian kingdoms were set up in Ireland (from which the Macdonalds came originally) and in the Western Isles. The native Celt predominated all along, but historians tell us it is undoubted that the blood of the brave old Vikings courses through the veins of some of the best types of the Scottish Highlander. Whether or not the Macdonalds share in this infusion of Viking blood is a matter for argument within the clan itself. Certain it is, however, that this strain "with its characteristic tenacity of purpose and sustained power of effort, combined with Celtic brilliancy and emotional fervour, differentiates the Highlanders of the West from more purely Celtic nations." The intimates of Miss Isabel Macdonald know that she possesses these rare qualities in an unusual degree, and her interest in Norwegian mythology—an unusual hobby for a nurse—is an interesting sidelight on her extraction.

Miss Macdonald is the daughter of a Scottish Laird and a native of Kinross-shire. She grew up amidst the mountains and lakes of bonnie Scotland, living a thoroughly wholesome outdoor life,

learning to love beauty of form and colour, and endeavouring in her sketches in water-colour to capture and record the glowing, tender, and elusive colourings of the Western Highlands. Once again, we recognise how nature was preparing the instrument for its purpose; for individuality, breadth of view, fearlessness, and courage are developed in those who love and commune with nature. In 1900, Miss Macdonald entered the Royal Infirmary, Edinburgh, for training, gaining her certificate in 1903. After which she was appointed lecturer to the County Committees of Fife and Haddington, the County Councils of Stirling and Kinross, the Carnegie Dunfermline Trust, and to the Scottish National Exhibition, 1908.

The last week of May, 1900, was a memorable one, for, in the course of it she was appointed Secretary to the Royal British Nurses' Association; her book on "Home Nursing: With Notes on the Preservation of Health," was published, and she gained the Health Visitors' Certificate, and the certificate in hygiene, bearing on school-life, of the Royal Sanitary Institute. She is also a Diplomée of the R.B.N.A., a Fellow of the Institute of Hygiene, and a Medallist of the Royal Sanitary Institute. She has been a frequent contributor to "Chambers' Journal."

It was an auspicious day in the annals of the Royal

British Nurses' Association when Miss Macdonald was appointed its Secretary, for she brought to a difficult position, not only professional knowledge, and gifts of writing and speaking, but breadth of vision enabling her to understand members of a diversity of temperaments, and a courtesy and charm of manner, and beauty, which, combined with her efficiency, have made her a most popular Secretary. Beyond the service which she has contracted to give the Association, she has placed at its disposal gifts which are not to be bought; for heart and soul, and strength to its last ounce, have been lavished



MISS ISABEL MACDONALD.

upon it without thought of an equivalent. Early and late, in office hours and out, the welfare of the Association is her first consideration, and none ever better safeguarded its honour.

Therefore, when as the long battle of the nurses for their registration by the State drew to a close, and all the forces of might were arrayed in a final assault upon right, expediency and compromise were words not found in the vocabulary of the Secretary of the Royal British Nurses' Association. For, in a fight, it is blood that tells, the cur tufts tail, the thorough-bred, though the odds may be desperate, fights to a finish.

And this is the record of the Clan Ranald, a branch of the Clan Donald.

"Clan Ranald, ever glorious, victorious, nobility, A people proud and fearless, of peerless ability; Fresh honours ever gaining, disdaining servility, Attacks can never move them, but prove their stability.

High of spirit, they inherit merit, capability, Skill, discreetness, strength and featness, fleetness and agility;

Shields to batter, swords to shatter, scatter with facility

Whoever braves their ire, and their fiery hostility."

With such a heritage where should a daughter of the Clan Donald be, but on the side of right?

And she was there.

When a Nurses' Registration Act, which gives the registered nurses liberal powers of self-government, receives the Royal Assent, those who know the inner history of the movement will know how much the cause owes to Isabel Macdonald.

THE PROFESSIONAL NURSES' UNION.

We are informed that Miss Maude McCallum has consulted her solicitor with reference to the articles which have appeared in *The Hospital* and *The Nursing Mirror* concerning her. As the statements are considered to constitute a grave libel upon Miss McCallum, a full apology and retraction in the said publications has been demanded, failing which proceedings will immediately be taken claiming damages for libel.

It is high time members of the nursing profession ceased to tolerate the scurrilous attacks of the commercial nursing Press, and we congratulate Miss McCallum on her spirited action.

TWADDLE.

Mrs. J. C. Buist, explaining at Dundee the objects of the College of Nursing, Ltd., said, "there seemed sometimes to be a lack of the proper spirit which nurses should have, and when one considered that a nurse had the souls as well as the bodies of her patients in her hands, it seemed that any one who undertook nursing as a means of making a livelihood had no right to be in the profession." Cannot the College authorities prevent their advocates talking such twaddle? The trained nurse, like every other class of professional worker, has a right to be self-supporting. Sweating and doles must, in the future, be severely discouraged.

HONOURS FOR NURSES.

The King held an Investiture in the ballroom at Buckingham Palace on December 3rd, when his Majesty conferred the following decorations:—

BAR TO THE ROYAL RED CROSS.

Miss Louisa Tulloh, Q.A.I.M.N.S.

THE ROYAL RED CROSS (FIRST CLASS).

Miss Elsie Schafer, Q.A.I.M.N.S.; Miss Marie Gilkes-Robinson, T.F.N.S.

THE ROYAL RED CROSS (SECOND CLASS).

Q.A.I.M.N.S.—Miss Mary Tawney, Mrs. Nina Wynne. Q.A.I.M.N.S.R.—Miss Kezia Hawkins, Miss Helen Macdonald, Miss Susanna O'Halloran, Miss Daisy Rollo, Miss Emilie Rutledge, Miss Muriel Smith, Miss Mary Storey, Miss Constance Strange, Miss Amy Stuart, Miss Mary Tate, Miss Annie Thomas, Miss Ellen Walsh, Miss Mary Ward, Mrs. Ethel Watkins (also to receive the Military Medal), Miss Iris Withers. T.F.N.S.—Miss Janet Prentice, Miss Mina Walley. C.N.S.—Miss Marcia Conway-Gordon, Miss Anne O'Donoghue. V.A.D.—Miss Irene Cohen, Miss Aglala Ionides, Miss Amy Rohde, Miss Dorothy Seymour, Miss Jessie Spokes.

THE MILITARY MEDAL.

Miss Louisa Wilkinson, Q.A.I.M.N.S.R.

The King also held an Investiture at Buckingham Palace on December 4th, and conferred the following order and decorations:—

THE MOST EXCELLENT ORDER OF THE BRITISH EMPIRE.

MEMBERS.

Staff Nurse Barbara Banks, T.F.N.S.

THE ROYAL RED CROSS (SECOND CLASS).

Q.A.R.N.N.S.—Sister Mary Hocking. Q.A.R.N.S.R.—Sister Nance McKay, Sister Maud Symonds, Miss Harriet Wells, Miss Janet Williams. R.N.M.S.—Miss Sarah Smith. Q.A.I.M.N.S.—Miss Katharine Broade, Mary, Mrs. Dormer, Miss Helen Fox. Q.A.I.M.N.S.R.—Miss Ethel Clark, Miss Sylvia Corby, Miss Jessie Edgar, Miss Alice MacLean, Mary, Mrs. Mair, Miss Mary McGeown, Miss Ethel Smith, Miss Mary Smith, Miss Margaret Thomson. T.F.N.S.—Miss Mary Coupur, Miss Alice Sampson, Miss Maud Smith. B.R.C.S.—Miss Lucy Brooks, Miss Fanny Pease. V.A.D.—Miss Edith Meeson, Bertha, Mrs. Atkinson, Miss Dorice Kettlewell, Miss Dorothy Newell, Miss Ethel Owen, Miss Kathleen Parker, Margaret, Mrs. Tolhurst.

THE MILITARY MEDAL.

Miss Leila Thomson, T.F.N.S.

Queen Alexandra received, on December 4th at Marlborough House, the members of the Naval and Military Nursing Services who have been awarded the Royal Red Cross and the Military

Medal, subsequent to the Investiture at Buckingham Palace.

Miss A. B. Smith, R.R.C. (Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service), was also received by her Majesty.

His Royal Highness, Prince Arthur of Connaught, held an Investiture at Holyrood Palace, Edinburgh, on Thursday, December 4th, as the representative of the King, when the following decorations were conferred.

ROYAL RED CROSS (FIRST CLASS).

Miss F. Masson, B.R.C.S. (Scottish Branch), formerly Matron of the Radcliffe Hospital, Oxford; awarded the decoration in recognition of her work as Matron at Whitehall Hospital, Midlothian. Miss C. Robb, Civil Hospitals Reserve, Edinburgh Royal Infirmary.

ROYAL RED CROSS (SECOND CLASS).

Q.A.I.M.N.S.R.—Sister I. Cameron, Sister N. Hutchison, Sister I. Webster, Nurse E. Beck, Nurse B. Campbell. T.F.N.S.—Sister C. Totton, Sister M. Yule. Northern Rhodesia Medical Corps.—Matron K. Chisholm. Civil Nursing Service.—Sister C. Wooler. B.R.C.S.—Matron A. Allan, Matron M. Gordon-Bell, Matron M. Biggart, Matron E. Cameron, Matron E. Liggat, Matron J. MacGregor, Matron E. Milne, Sister M. Couper, Sister M. Fletcher, Sister M. Foley, Matron C. Williamson, Matron M. Kennedy, Matron N. Melven, Nurse A. Park.

For a brief hour, we are told, Holyrood assumed what is nowadays an unwonted aspect of bustle; the Palace was reawakened, but not simply to "mimic the past." Memories of a great past were naturally kindled by the presence of a Royal Prince within the historic building, yet it was a new precedent that was being established. Kings and Queens have held court there from ancient times, but the investiture was a unique ceremony which lent a new note of dignity to the Royal Palace.

A PRAYER.

Now I get me up to work
I pray the Lord, I may not shirk;
If I should die before the night
I pray the Lord my work's done right.
A. Fitch.

YET THEY MIGHT.

They might not need me—yet they might,
I'll let my heart be just in sight,
A smile so small as mine might be
Precisely their necessity.

Emily Dickinson.

The soul would have no rainbow
Had the eyes no tears.

John Vana Cheney.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

The Council of Queen Victoria's Jubilee Institute for Nurses met at 58, Victoria Street, on Wednesday, December 3rd. Captain Sir Harold Boulton, Bart., C.V.O., C.B.E., presided, and the meeting was well attended.

The following telegram was received from Her Majesty Queen Alexandra, who is the Patron of the Institute, in response to a message of congratulation from the Council:—

"Please convey to Council Queen Victoria's Jubilee Institute for Nurses my sincere thanks for kind Birthday Congratulations which I much appreciate.

"ALEXANDRA."

A scheme for the reconstruction of the Council and Committees of the Institute was approved to take effect from February, 1920, when the new Council will be appointed. The many developments of Public Health Work in which the Institute necessarily takes a large share, have so increased the work that it is felt that some re-organisation of the arrangements at Headquarters would be advantageous. The arrangements for the election of representatives of the affiliated Associations on the Council are now in progress and it is hoped that a Council may be nominated in every way representative of the different parts of the country.

Affiliation has been granted to 29 Associations since the last meeting of the Council, and 75 nurses have been enrolled as Queen's Nurses.

The financial position is not so satisfactory, as on the estimates of income and expenditure submitted at the meeting there is a deficit of nearly £5,500. Any retrenchment would, however, seriously cripple the work which is doing so much for the health of the nation, and the Council decided to sanction the expenditure in the hope that the necessary support would be forthcoming.

Long Service badges were awarded to 15 Queen's Superintendents and Nurses who have completed twenty-one years' service with the Institute.

TRANSFERS AND APPOINTMENTS.

Miss Sarah E. Morris is appointed to Lincs. C.N.A., Kesteven and Holland Division as Co. Superintendent. Miss Kate E. G. Taylor is appointed to Lincs. C.N.A., Lindsey Division, as Co. Superintendent; Miss Maud H. Weale is appointed to Northants. as Co. Superintendent; Miss Elizabeth Jeffries is appointed to Watford as Assistant Ward Matron; Miss Polly Starford is appointed to Barrow-in-Furness as Senior Nurse; Miss Jessie C. Bath is appointed to Sonning and Woodley; Miss Lellen Butler is appointed to Paddock Wood; Miss Mabel E. Gould is appointed to Burnham; Miss Lilian E. Hodges is appointed to Babraham; Miss Margaret H. Klamborowski is appointed to Bransgore and Sopley; Miss Helen Strudwick is appointed to Waltham Cross, Cheshunt and Goff's Oak.

SCOTTISH NURSES' ASSOCIATION.**THE NURSES' REGISTRATION BILL.**

A meeting of the Scottish Nurses' Association was held in the Christian Institute, Glasgow, on Tuesday, December 2nd, to consider the Nurses' Registration Bill which has been introduced by the Minister of Health, and which does not legislate for a single combined register for the qualified nurses of the United Kingdom. Dr. Freeland Fergus, President of the Royal Faculty of Physicians and Surgeons, presided. Sir William Macewen said that the Bill as at present constituted must lead to a great deal of difficulty. Referring to the training of nurses, he said he had wanted the University a long time ago to establish classes for nursing, and he thought that should be done yet. Every University should have such classes, and they should be away from the infirmaries, except for clinical work. Nurses, in fact, should become students, and after having passed the necessary examinations, should be qualified for registration. He moved the following resolution:—"That no Nurses Registration Bill will be satisfactory which does not provide a single nursing authority for the United Kingdom, a single standard of training, a uniform examination qualifying for registration, and a single register," and this was adopted. Dr. A. K. Chalmers, Medical Officer of Health for the city, moved that a copy of the resolution be sent to the Ministry of Health and to the Scottish and all medical members of Parliament, which was agreed to.

It is to be hoped that the provision in the English Bill—which will no doubt be inserted in the Scottish and Irish Bills—that the Nursing Councils set up shall consult together with a view to securing a uniform standard of qualification in all parts of the United Kingdom, in order to obtain admission to the registers, may result in uniformity of training, examination and registration for the Nurses of the United Kingdom.

THE IRISH NURSES' ASSOCIATION.

The usual monthly meeting of the Irish Nurses' Association was held at 34, Stephens Green on Saturday, December 6th, Miss Reeves, R.R.C., President, in the chair. The Secretary reported that during November two very interesting lectures had been given to the members and associates—one by Mr. McConnell, of the Century Insurance Co. on "Insurance and its Benefits for Nurses," and a lecture on "Public Health," by Dr. Alice Barry.

The Nurses' Registration Bill for Ireland was under consideration.

Letters were read from the Munster Branch of the I.N.A. asking the Executive Committee to support them in their applications to their respective Boards of Guardians for shorter hours and increase of salary. The Executive Committee decided to give them all possible support.

M. L. O'KEEFFE, *Secretary*.

**SOCIETY FOR THE
STATE REGISTRATION OF NURSES.**

A special meeting of the members is to be held at an early date. This Society drafted and introduced the first Nurses' Registration Bill in 1904.

PRESENTATION.

A very delightful, and perhaps unique, presentation took place recently, when Mrs. Kerr-Lawson, Lady Superintendent of Queen Mary's Hostel at Bedford Place during the War, was made the recipient of a handsome Georgian silver tea and dessert service, and a beautifully illuminated parchment, the devoted work of the Canonesses Regular. This parchment is inscribed with the names of the first hundred donors, including the Matrons-in-Chief of England, of France, and of Canada and Australia. Over a thousand names of the Matrons, Sisters and Nurses subscribing to this tribute, have been written in a beautifully bound little album, in which, it is well known, many others unaware of the presentation, will regret not being included.

The enthusiasm in the Nursing Service to take part in this presentation has been remarkable. One sister, who had been an invalid, came breathlessly to the Treasurer, with outstretched hands, saying, "Am I too late?" She typified the spirit of all. The chief difficulty the Treasurer experienced was to restrain their generous impulses, but to meet this pleasant difficulty, it was decided to limit the subscriptions. Above all things it was the unofficial side of Mrs. Kerr-Lawson's work which so strongly appealed to the sympathies of the Sisters, her activities in their interests extending far beyond the limits of the Hostel. It will be an added interest to all that Her Majesty, the Queen, most graciously wished every success to the presentation, and was so very glad the Sisters had decided to present Mrs. Kerr-Lawson with a souvenir of their regard and devotion for her four strenuous years' work on their behalf.

A CHIP OF THE OLD BLOCK.

Governess was somewhat surprised at the invasion of her sanctum in the luncheon hour by the tragic, picturesque figure of a small boy, aged four, who, though tearless, was wringing his little hands despairingly.

"Why, Victor, what has happened?"

"Oh! I've broked a doll's table, I've broked a chair, and I've broked a chest of drawers, and they are teacher's, and I promised to take care of them."

"Well now, that is very sad. You must see if you can't mend them for teacher."

His voice rose to a wail. "No, no, I can't, I can't. I can break, but I *can't* mend."

Exit the small whirlwind.

"Oh yes," said Governess, a smile coming into her shrewd eyes as she looked after him.

"His parents are on the stage."

APPOINTMENTS.

COUNTY SUPERINTENDENT.

Isle of Wight County Council.—Miss Sarah E. Bailey has been appointed County Superintendent. She was trained at the Infirmary, Keighley, and has had experience of district nursing at Tywardreath, as a Queen's Nurse at Middlewich, and as a health visitor under the Middlewich Urban Council.

SUPERINTENDENT NURSE.

Poor Law Hospital, Lanchester, co. Durham.—Miss L. K. Clarke has been appointed Superintendent Nurse. She was trained at the Town's Hospital, Glasgow. She has held the posts of Sister, Night Superintendent, Head Nurse and Superintendent Nurse in various Poor Law Institutions. She is a member of the Royal British Nurses' Association and holds its diploma, and is a certified midwife.

Oulton, Lowestoft, Mutford, and Lothinglaid Union Infirmary.—Miss Lily-Elizabeth Bayliss has been appointed Superintendent Nurse. She was trained at the Croydon Infirmary, and has been Head Nurse at Ely Infirmary, Night Superintendent at Harton Hospital, South Shields, Superintendent Nurse at Bromsgrove Infirmary and Assistant Superintendent at Stepney Infirmary.

SISTER.

Municipal Hospital, Northampton.—Miss A. Allen Patrick has been appointed Sister. She was trained at Sculcoates Infirmary, Hull, and during the war was attached to the T.F.N.S. as Sister at the Northern General Hospital, Newcastle-on-Tyne, and saw active service in France with the Army of Occupation on the Rhine.

THEATRE SISTER.

Essex County Hospital, Colchester.—Miss Pewter has been appointed Theatre Sister. She was trained at the General Hospital, Portsmouth.

TUBERCULOSIS HEALTH VISITOR.

Lancashire County Council, County Offices, Preston.—Miss Ethel Greenwood has been appointed Tuberculosis Health Visitor. She was trained at the Union Infirmary, Oldham, and has done Military nursing as a Sister in the Territorial Force Nursing Service.

Miss Ada Brown has been appointed Tuberculosis Health Visitor under the same authority. She was trained at the Crumpsall Infirmary, where she held the position of Sister in Military Wards, and had been Sister in charge of 295 medical and surgical beds in Military Wards at Nell Lane Military House, Manchester, and Sister-in-Charge of Surgical and Medical wards at the Chester War Hospital.

Miss Mary Blodwen Jones has also been appointed Tuberculosis Health Visitor. She was trained at the Lake Hospital, Ashton-under-Lyne, Lancs., and has been Staff Nurse at the Borough Hospital, Hyde. She has also done private nursing.

Miss Lilian F. Norwood has also been appointed Tuberculosis Health Visitor. She was trained at the Poor-Law Infirmary, Blackburn, and has been Queen's Nurse at Manchester and Smalby, and Health Visitor and School Nurse at Accrington.

Miss Walker regrets that, owing to unforeseen circumstances, the South Kensington Nurses' Co-operative Reunion will have to be postponed until some future date. She will, however, be "At Home" to members of the S.K.N.C. and friends at 41, Alfred Place, South Kensington, on Wednesday, Dec. 31st, 1919, from 4 to 6 p.m.

PRIZES AND MEDALS.

Mr. John D. Cobbold, Chairman of the Board of Management, took the chair at the recent prize-giving to the nurses at the East Suffolk and Ipswich Hospital.

In the first division (third-year probationers), the first prize was won by Nurse Gertrude M. Phillips, and the second prize by Nurse Katherine G. Hawkins.

In the second division (second-year probationers), the first prize was won by Nurse Irene P. Marshall, and the second prize by Nurse May Thomas.

The gold medal was won by Nurse Phyllis L. Murray, and the silver medal by Nurse Dorothy Arden.

Bronze medals were awarded to Nurses N. Barcham, R. Tudor, M. E. Surridge, and May F. Poole, whilst the Matron's special prize went to the recipient of the silver medal—Nurse D. Arden.

The Matron (Miss M. Deane), in a few words to the nursing staff, stated that the medals were awarded on the marks gained at the two examinations, and for efficiency, as reported from the Ward Sisters, during the first three years of training. She stated this was the second occasion when the silver medalist had also won the special prize. The last occasion was in 1916, when the present Night Sister, Miss Elsie Andrew, then a nurse, was awarded both. She referred to the enlarged scope of the nurses' curriculum of training, which now included massage and Swedish remedial exercises, and mentioned that all the candidates who had entered for the massage examination had passed the very stiff examination of the Incorporated Society of Trained Masseuses in London.

The prize awards were evidently in keeping with the popular opinion of the nurses, judging by the unstinted applause which greeted each presentation. The double event won by Nurse Arden—a nurse who is full of resource in any emergency, and has done very useful work in the Out-patient and other departments—was particularly popular. She was chaired by her companions and carried shoulder high through the building, much to her dismay, but the delight of her *conferes*.

Prior to the distribution of prizes a meeting of the Ipswich Hospital Nurses' League took place; many of those who had been trained in the Hospital, but had left during the war, had travelled to Ipswich to participate in the reunion, and a very happy afternoon was spent.

HEATH PRIZES FOR NURSES

Lord Armstrong presented certificates and the prizes given by the Heath Nursing Trust to the following recipients at the Newcastle Poor Law Infirmary last week.

TRAINING CERTIFICATES.

Training certificates were handed to Nurses E. Lowerson, E. P. Phillips, S. T. Lawson, E. Harrison, H. Pomfret, L. J. Spence, E. Stephenson, S. J. Boyd, and J. K. McWhinnie.

HEATH PRIZES.

The Heath Prizes went to Nurses E. Lowerson, E. P. Phillips, and S. T. Lawson (third year); Nurses L. Gardon, S. E. Connolly, and E. Farbridge (second year); and Nurses E. A. Friend, L. Allan, and C. A. Coulson (first year). Prizes were awarded by the Guardians to Nurse Lowerson (1st); Nurse E. P. Phillips (2nd); and Nurse S. T. Lawson (3rd).

INTERNATIONAL NOTES.

FROM FRANCE.

Sisters Mary Sutton and Celia Perkins, pioneer members of the French Flag Nursing Corps, are



SISTERS SUTTON AND PERKINS AT FOLEMBRAY,
Région Dévastée Aisne.

now working for the Comité Britannique, C.R.F., at Folembay, and giving wonderfully helpful assistance in that devastated district. Both are Queen's Nurses, and lately received the following interesting letter from W. van Wulften Palthe, a Dutch lady who recently visited their Centre:—

COPY OF THE LETTER ADDRESSED BY A MEMBER OF THE DUTCH MISSION FOR FRENCH PROPAGANDA IN NEUTRAL COUNTRIES TO MISS MARY SUTTON AND MISS CELIA PERKINS, QUEEN'S NURSES IN FOLEMBRAY.

MY DEAR LADIES,—We came home two weeks ago, after that very interesting, although extremely sad, trip through the northern part of France.

Our total impression was: One huge churchyard of brave men, perhaps women and children, too, of houses and villages of human woe.

Back in Holland, it is rather difficult to imagine that we have seen what a modern war means: it is more like a part of hell that we visited.

Like an oasis in the desert we found this station de l'Oeuvre "pour le secours aux contrées dévastées," patronised by the Marquise de Noailles (or Brigade Kemlandt?). We were sorry we could not meet this lady, who does such a lot for her people; but we were also glad that we met her English helpers, who soon proved to be the "right women in the right place."

We are sure that the appreciation from the French people (we were struck on our walk by the kind way they all greeted you) gives you some satisfaction, and this in return enlightens your difficult but grateful task.

Although your stores seemed to be well supplied, I should like to send you another 200 francs. Also, I'll try to send some cocoa or chocolate for the children that visit the little school.

Will you give 20 francs to the "Madame" in the caves of the little chateau on the other side of the road? She showed me the interior of her "souterrain" new home, and I felt so sorry for the poor woman.

Many of my snapshots succeeded well, except the picture I took of you. I am very sorry that did not come out well; it is a great disappointment that can't be changed. Perhaps some French or English people you know would be kind enough to take a photo of you standing near your camouflage house, in front of the well-supplied tents.

Intending to read a lecture on our trip, I'll invite friends, and I should be pleased to be able to show as lantern slides one of the sisters helping the Committee for the "secours aux Régions Dévastées." At the same time, I'll tell the audience how these ladies were kind enough to offer a few foreign Hollanders an English cup of tea.

I hope I'll be successful in touching their



DISPENSARE ET POSTE SECOURS,
Morning Consultation.

feelings, but at the same time successful in making them open their purses . . .

With kind regard, I remain, dear ladies,

Sincerely yours,

W. VAN WULFFTEN PALTHE.

Sister Sutton writes:—"The enclosures may interest you. Our work is interesting and intensely absorbing. It is heavy and difficult at times, but we are very happy, and we have the great satisfaction of knowing that our efforts are appreciated." F.F.N.C. Sisters always add nice, kind little messages *not* for the public eye.

Mrs. Alfred Paine, of Bedford is most kindly sending the F.F.N.C. Sisters working in France for the Comité Britannique, C.R.F., a Christmas gift of soft slippers for the use of their patients—everything comes in handy in the devastated districts, and Mrs. Paine has kept a generous eye upon the needs of the sick and wounded in France, and supplied them with many comforts during the war. Under her supervision, 41,360 pairs of most comfortable slippers have been supplied for hospital use during the war. Now the last of the stock is to be distributed to make room for the garments made for the use of the poor in Bedford, a good work carried on by Mrs. Paine for many years.

FROM ITALY.

The Countess Winifred Terni de Gregory, President of the National Association of Italian Nurses has, at their request, already been put in touch with Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, as they are anxious to communicate with their colleagues through this great organisation. The Countess writes:—

"I am following with the greatest interest the acute crisis in nursing affairs in England. As far as I can gather (if you will permit an ignoramus to express an opinion) the trouble seems to be that the Hospitals require more probationers to do hard work for them than they can find places for as nurses, therefore the profession gets overstocked; there are more private nurses than there are patients able and willing to pay a proper price for their nurses. It therefore seems to me that the nurses training should be altered so as to contain much less drudgery and more science. Hospitals must not, in the future, be allowed to get their housework done by probationers.

Also V.A.D.s and half-trained people should be prevented by *law* from practising for money.

As, however, in times of war and epidemics the supply of trained nurses must always be insufficient, the V.A.D.s should be kept up and carefully organised, and some fields of work reserved to them so as to keep them in training. These are the principles I am trying to rub in here. Please excuse me holding forth."

Now that war is over and international sympathy needs stimulating, the more public-spirited people "hold forth" for the good of the profession and the world in general, the better.

"Sir Victor Horsley: A Study of His Life and Work," by Stephen Paget, will be eagerly read by nurses whose valiant ally he was in life. Needless to say it is a fine literary work.

THE HOSPITAL WORLD.

If everyone enjoying the good things of this world—and good health is the greatest blessing—would of their superfluity, or self-denial, send gifts to their local hospitals, we can assure them their money would bring good value. First of all, a donation in cash for the upkeep of the hospital, and if purses permit, gifts in kind for the patients and staff. It is an unwritten rule that the secretarial, medical and nursing staffs, render services for which no payment can be received direct from the patients—and this is a wise rule—but we once helped to unpack a hamper from a generous governor, a sort of "remembrance" surprise packet in which was found a personal Christmas gift for hard-working officials as well as for the impersonal banking account. "A Surrey capon for Matron" (and didn't we just enjoy it); "a brace of pheasants and a hare for the Secretary and Mrs. Secretary"; "a turkey for the Steward," and all sorts of good things for the nurses, of which fresh and crystallised fruits appeared in high favour. This of course was in the good old times, long before the war when goodwill abounded, purses were full, and the best of fare was cheap. In these days the new rich are very rich; let them remember the needs of those less fortunate, and make themselves really happy by helping to make others so.

A FEW CHRISTMAS GIFTS TO HOSPITALS.

Guy's Hospital, the Royal Infirmary, Liverpool, and the Royal Infirmary, Manchester, have each received a gift of £20,000.

The Women's Welcome Gift, presented to the Prince of Wales in support of the Middlesex Hospital at a dinner he attended on Tuesday last, amounted to £7,500, which, added to £45,273 raised at the dinner, makes £52,772 towards the sum of £200,000 required.

Among the public bequests of the late Mr. Tredence, of 116, Harley Street, were £1,000 for Middlesex Hospital, and £1,000 for St. Bartholomew's Hospital.

Sir John Leigh, Bt., has given Mrs. Lloyd George the sum of £5,500 to be used for hospital work in Carnarvonshire. £5,000 will go to the Llandudno Hospital for an endowment, and £250 each, as donations, to the Bangor and Carnarvon Hospitals.

The surplus of £3,000 from the Thames Pageant held last August 4th, has been allocated to seamen's hospitals at London, Liverpool, and Marseilles.

Mrs. Eliza Avins has left £7,500 to Birmingham hospitals, and Mr. John Scott £6,500 to Wolverhampton hospitals.

Mr. Henry Clay Frick, of New York, Andrew Carnegie's partner, left £24,000,000 to charitable and educational institutions. The Pittsburg Mercy Hospital gets five million dollars and the New York Lying-in Hospital one million five hundred thousand dollars.

OUTSIDE THE GATES.

The Prime Minister announced in the House of Commons that with the assistance of the House they hoped to prorogue Parliament before Christmas and avoid adjournment, and in order to save time which has already been expended, it is contemplated inviting the House to alter the Standing Orders in order to take up measures in the next Session at the stage to which they have been carried in the present Session. Good!—but let us hope our Registration Bills will be safely landed on to the Statute Book as a Christmas box for 1919 to the Nurses of the United Kingdom.

Dr. Addison, in a circular to local authorities, expresses the hope that they will obtain the views of women on the proposed lay-out of houses, and on house plans, including internal fittings, lighting, and heating, and that women's advisory committees should be formed in each urban district amongst women considered suitable to serve on these committees; district nurses and midwives are specially mentioned.

Viscountess Astor, M.P., has written to the various Nurses' Organisations, stating that she is anxious to be thoroughly in touch with their opinions and wishes with regard to Parliamentary matters, and asking for reports and publications. We hope nursing experts will give our "one and only" all the information at their disposal, as the nursing question is not only of national importance but hitherto has been little understood by the laity. Trained nurses have at last found able champions in the Government, and Lady Astor is just in time to give her vote in support of the Nurses' Registration Bills as they pass their final stages in the Commons.

It was rumoured in the House that Lady Astor would make her maiden speech in support of the enfranchisement of Indian women on the India Bill. This she did not do, but when the question was under discussion and the Secretary of State for India advocated leaving it to the decision of the legislative councils in India, Lady Astor interposed with the telling observation: "But it is to be decided by Indian men." "That is quite true," replied Mr. Montague, "but the Hon. Member will remember that the question of woman franchise in this country was decided by men."

"Only after enormous pressure by the ladies," said Lady Astor; and later she voted against the Government in support of the principle that no discrimination should be made on account of sex. A good beginning.

CHRISTMAS GIFTS.

At the present time the shops are filled with a multitude of buyers, and far and near, men, women and children are seeking for suitable gifts with which to commemorate the Christmas season. We hope that, in making their selection, they will make a point of purchasing, wherever possible, from the firms which advertise in *THE BRITISH JOURNAL OF NURSING*. These offer such a wide range of choice that there are few things which cannot be purchased from them.

CHRISTMAS BAZAARS.

MESSRS. E. & R. GARROULD.

To readers of this journal, this season would not be quite complete without a visit to the Christmas bazaar of Messrs. E. & R. Garrould, 150-162, Edgware Road. For many years they have been accustomed to find there just the things they need, not only for private gifts, but also for their wards, for the decking of Christmas trees and other things of supreme importance to their juvenile friends. This year the bazaar is designed on the lines of pre-war glories. Gramophones make merry music, a mechanical railway is a constant joy, a doll's folding cot, daintily trimmed with pink muslin and lace, at the very moderate price of 15s. 11d. or 25s. 11d., according to size. Christmas stockings, boxes of plasticine, and playwax, wheelbarrows, scales, paints, dolls, to delight the heart of any child; everything to suit the taste of everybody is in profusion and at most reasonable prices.

For gifts to nurse friends, watches with second hand, and hot-water bottles are always welcome Christmas offerings. Prices can be sent on enquiry to those not able to pay a personal visit to the bazaar.

MESSRS. G. COZENS & CO.

The grand bazaar of Messrs. G. Cozens & Co., Ltd., 32-50, Edgware Road (Marble Arch) is very attractive, and many useful and dainty Christmas gifts are to be found there. Dolls in great variety, fur toys—beloved of children—including teddy-bears, white rabbits, cats and dogs, and Aberdeen terriers. For the older folk there are many things which would be most acceptable presents. Net or ninon fronts, fichus, and collars with fillet insertion, underskirts, and many other dainty gifts at most moderate prices.

BOOTS' GIFT DEPARTMENT.

Many desirable articles for gifts, are to be found at the various establishments of Messrs. Boots, the chief London branches being at 182, Regent Street, W.1, and 112-118, Edgware Road, W.2. At the Regent Street branch there is moreover, a charming café where tired shoppers can obtain refreshments at extremely moderate prices. Nurses should note that Ingram's noted "Eclipse" hot-water bottles can be obtained at Messrs. Boots' principal branches.

CHRISTMAS SHOPPING.**THE SURGICAL MANUFACTURING CO., LTD.**

Those who are considering the purchase of Christmas gifts should bear in mind that useful presents both for individuals and institutions, can be selected at the establishment of the Surgical Manufacturing Co., Ltd., 83-85, Mortimer Street, London, W. 1, and 8, Park Crescent, Glasgow. Private nurses will find it convenient to note that the London premises of this firm are open from 8 a.m. to 10 p.m. every day except Sundays and Bank Holidays.

HOT WATER BOTTLES.

The very mention of hot water bottles at the present time of cold weather and coal shortage has a comforting sound. Messrs. A. & E. Braid, of 30, Gower Place, Gower Street, W.C. 1, supply some of excellent quality at prices varying from 4s. 6d. to 6s. 3d., the last mentioned being 10 inches by 12 inches in size.

FURNITURE FOR INFANT WELFARE CENTRES.

Just now, with the opening of many new Infant Welfare Centres, furniture designed to meet the needs of these institutions is in demand. The Medical Supply Association, 167-185, Gray's Inn Road, has a selection which should be inspected, including a small three-fold screen, a low nursing chair, and the Grevillite Safety Couch, the side of which can be easily let down and the cost of which is only £3 10s. The firm has branches at Edinburgh, Glasgow, Sheffield, Cardiff, Dublin and Belfast.

THE TREASURE COT.

A very seasonable gift for an infant is the Treasure Cot, which cannot fail to delight his parents and to be a cosy nest for him. It is obtainable from the Treasure Cot Co., Ltd., 124, Victoria Street, W. 1.

HATS.

A new hat is always a desideratum at Christmas-tide. If you are thinking of purchasing one, do not forget to call at 296, Regent Street, W. 1. MADAME MILLS has a large selection.

BOOKS.

Books are always welcome gifts for nurses and a variety are to be obtained from well-known firms.

MESSRS. CHARLES GRIFFIN & CO., LTD.

The well-known "Manual of Nursing," by Laurence Humphry, M.A., M.D., now in its 38th edition, published by MESSRS. CHARLES GRIFFIN & CO., LTD., Exeter Street, Strand, W.C. 2, is always a popular gift for nurses, and "Midwifery," by Dr. Archibald Donald, with new and officially drawn illustrations, is likewise appreciated.

MESSRS. H. K. LEWIS & CO.

"The Theory and Practice of Massage," by Miss Beatrice M. G. Copestake, the revised edition of which contains a new chapter on the After Treatment of War Injuries, "The Child's Diet," by Mr. J. Sadler Curgenvin, and many other

books supplied by Messrs. H. & K. Lewis, 136, Gower Street, W.C., would be gifts whose usefulness would endure.

MESSRS. G. P. PUTNAM'S SONS, LTD.

The house of Putnam's, 24, Bedford Street, Strand, W.C. 2, is well known to nurses, first because it publishes "A History of Nursing," by Professor Adelaide Nutting, R.N., and Miss L. L. Dock, R.N.—a classic which no nurse, or nurse in training, should be without, for without it she cannot possess adequate knowledge as to the foundations upon which her profession rests. The firm also publishes a number of useful books on nursing and other subjects by both American and English authors.

FOODS AND COMFORTS FOR INVALIDS, MOTHERS, AND INFANTS.**ALLENBURYS MILK COCOA.**

The preparations of Messrs. Allen & Hanburys, Ltd., 37, Lombard Street, E.C. 3, are of one quality only—the best. We commend to notice their Allenburys Milk Cocoa (Pancreatized). It possesses the great advantage, in these days of milk shortage, that it only needs the addition of boiling water to make a delicious beverage, suitable alike to patient and nurse and appreciated by both.

SANATOGEN CHOCOLATE.

It is now generally known that the British purchasers of the Sanatogen Company are GENATOSAN, LTD., 12, Chenies Street, W.C. 1, and that Sanatogen is the genuine, original tonic food, organically combining casein and phosphorus in a way that both are fully and easily assimilated. It follows that Sanatogen Chocolate, in which Pascall's pure chocolate is skilfully mixed with Sanatogen, is a body-building nutrient of high value, as well as a delicious confection.

BENGER'S FOOD.

A food which has a long established and deserved reputation for use in the feeding of infants and invalids is Benger's Food, supplied by BENER'S FOOD, LTD., Otto Works, Manchester. It is a farinaceous food prepared with new milk, and owing to the natural digestive principles which it contains, it is particularly easy of digestion, as well as nutritious. As an alternative diet in maternity cases, midwives and nurses will find it most useful, acceptable, and satisfactory. It is easily prepared, and can be cordially recommended.

CADBURY'S SPECIALITIES.

A gift which cannot fail to please is a selection of the specialities of Messrs. Cadbury Bros., of Bournville fame, whether their dainty confectionery, or the more homely but indispensable varieties of cocoa. Such a box recently reached us containing an assortment of Cadbury's Breakfast Chocolate, Cadbury's Cocoa, Bournville Cocoa, and of sweetmeats, Cadbury's Dairy Milk Chocolate and Bournville Chocolate, as well as a box of assorted confectionery. We commend them all.

VIVE! VIVE! ST. NICHOLAS.

Maggie slept soundly in her squalid bed on Christmas Eve, and as she slept she smiled.

What in Fortune's name made her smile?

Her ill-nourished body should surely be crying out against its unjust treatment! But no! The small face smiled.

The soiled walls of the room frowned down on three little scraps of humanity huddled together at various angles of the bed fitted in to the accommodation with the ingenuity of a jig-saw puzzle.

None too warm either on this bitter night, for, as the worn-out, slovenly mother complained, "Look at the price er blankets and sheets! I reckon its a shime."

Well, so it is. Yet Maggie smiled in her sleep, and clasped her hands ecstatically.

From the next room came intermittently the complaining tones of the woman, and thick utterances in a male voice.

Father and mother sat over the dying embers and mother reiterated from time to time, "I reckon its a shime, that's what it is, to go and spend what yer oughter have bringed 'ome for the children's Crismis."

"Shut up, carn't yer, or I'll show yer 'ow."

A blow aimed, the mark missed, which landed instead on the smoky lamp—a blaze which caught the paper festooning, the sole suggestion of Christmas—a flame which leaped higher and higher; which caught the family washing on the line—the glittering helmets of the firemen—terror and confusion—and Maggie woke to consciousness some hours later to find herself in a place that was surely fairyland.

Her injuries and shock were so severe that she was almost past very acute pain, and as her eyes lighted on the baby doll at her side, the very best doll from the tree, she lifted with instinctive care a bandaged arm and cuddled it to her side.

"Ain't yer a dear little fmg," she whispered faintly, and then with a long sigh, half-satisfaction, half suffering, "I've 'ad a lubby Crismis, I 'ave," and again she smiled as though at someone who stood by her side. It wasn't at Nurse, for she stood at the other side of the bed trying to keep the tears from her eyes. "I shouldn't have supposed there was anything very lovely about it," she said to herself.

Whether you like to believe it or not, it was good St. Nicholas, the Saint of little children, whom Maggie saw, and it was he who in her wretched home had come to her in her dreams, and had given her "a lubby Crismis."

He was too old to play, but he had brought some little angels and some of the boys and girls who play in the streets of the Gold City, and they had laughed with happy laughter and played beautiful games with beautiful toys, such as Maggie had never dreamed of.

They had taken her hand and brought her with great confidence to Baby Jesus in the Manger, and he had smiled at her, and His smile had made her feel "ever so nice." St. Nicholas and the little

angels had followed her when she was carried to the hospital in the big fireman's arms and now they were waiting, till presently they carried away her soul to the place where she would always have "a lubby time."

Nurse carried her little body to the pretty Chapel, where the Christmas lights were twinkling round the Crib.

And because she loved her little charges and understood them, and about St. Nicholas, and all such things, which have a great deal more to do with one another than you would think, she laid the baby doll in the tiny arms that were folded on the still breast and then knelt down before the figure of the Child Jesus, and asked Him for the good Saint's protection of all neglected little children.

There are more things in Heaven and earth than are dreamed of in our philosophy.

"Vive! vive! St. Nicholas.

"Oh, pour nous, pour nous, quel beau Jour de Fête."

H. H.

Feast of St. Nicholas,
December 6th.

BOOK OF THE WEEK.

"TAMARISK TOWN."*

This remarkable book will surely stand in the forefront of the fiction of the day. Original in its conception, its literary merit is of the highest order, and bears the impress of thoughtful and careful workmanship, which is a real refreshment after much of the slovenly and hasty work of many present-day novels.

Such characters as Monnypenny and Morgan le Fay are the creations of an imaginative brain and of a student of psychology.

It is a book that merits more than one reading, and those of our readers who can appreciate a good thing will doubtless not be content until they have savoured much of its fascinating writing once again.

In a few words the gist of the story is as follows:—

Marlingate, a fishing hamlet with the green of the tamarisks hazing its streets, was much beloved by Monnypenny, the owner of Gun Garden House, and he was full of dreams for its future development. It was a picturesque and pleasant spot, and its charms are described by the pen of an artist:—

"Marlingate stayed a tumble and trickle of red and black on the edge of the sea, with the woods pressing flat and sullen against it, a little bit of time poised between two threatening eternities."

Monnypenny conceived plans for the development of the hamlet, which only needed financial backing. With this end in view he approached Beckett, a man of middle age and of considerable wealth.

* By Sheila Kaye-Smith. Cassell & Co., Ltd.

Every time he met him Monnypenny shocked Beckett—shocked him with his youth—he could never think of him except as an elder, or at youngest as a contemporary. So it was always a shock to meet the tall, solemn stripling of twenty-eight, whose hair was quite white and whose eyes and eyebrows were black. Beckett was a widower with young children, who, since the death of his lamented Emma, had been under the care of a somewhat wild young governess, Morgan Wells.

Marlingate, with the aid of considerable sums and the absorbed attention and devotion of Monnypenny—who was duly elected Mayor—eventually developed into a high-class watering-place, every detail of which was planned with minute care. Marlingate was, in fact, the passion of Monnypenny's life.

Beckett having guaranteed these large sums towards this object, naturally made Marlingate a second home for his children and young governess. It was in consequence of this that there was a dual conflict in Monnypenny's life—the love of the town to which he was a willing slave, and his unwilling captivity in Morgan's toils.

His municipal life was disturbed, outraged almost, by the spell that she cast over him. Her attraction was at first of an elusive quantity. She is described as having her hair, which was like one of those brown clouds that discharge rain at sunset, untidily lumped into a net. When she poured out tea she slopped it into the saucer, and put two lumps of sugar into Monnypenny's tea without asking him if he took any, which he did not. Morgan was, in fact, of illegitimate birth, and was a relative of Beckett's first wife, who was well connected. The slur of her birth made it an outrage on the undoubted respectability and decorum of Marlingate society, that it should be required to meet the girl at the Assembly dance. It was not the untidy little governess that drew Monnypenny's unwilling admiration as she came up to him with untutored disregard of etiquette.

"He found her a beautiful dancer, light as a cobweb, yet with a warmth and abandonment which his other partners lacked. Sometimes when he held her lightly pliant against his arm he was conscious of that wild woodland thrill surging up under her laces and half startling him with the thought of chasing sunlight. He was at once troubled and enticed by the idea that she might suddenly dart away or be magically transformed into some woodland Cinderella and run off brown and barefoot with dead leaves in her hair." It was at this dance that Monnypenny learned to think of her as Morgan le Fay, after the enchantress, King Arthur's sister.

After a delicious meeting with her in the woods behind the town Monnypenny came to his senses; he told himself that he, the Mayor of Marlingate had an assignation with a little nursery governess. He always called Morgan that when he wanted to escape from her. And yet—he was back under the Gringer, his arms were round her, his mouth closed on the sweetness of her lips. Then anger

possessed him. How dared she? He was hot with fury when he thought how she had brushed away the town, sweeping it carelessly away as if it had been a thing of nought, offering herself in its stead. She had set a price on herself, weighed herself in the balance with Marlingate and tipped the town to the beam. Damn her. She was like a child jauntily offering a bunch of leaves in exchange for all that was settled and solid in his life.

No, he was once again the Mayor. He chose the town. And the little governess went back to London with her charges and eventually married the widower.

If that had been the end of the story it would have still held a more than common share of interest. But in a year or two Morgan le Fay returned to Marlingate as Mrs. Beckett. She was then much more wonderful and more dangerous, and her undisciplined love for Monnypenny took its fateful course.

As for Monnypenny, his heart was at last awake, but even the delirium of his illicit love was not sufficient for him to throw over his ambition for the town and leave it with her for her sake. Once more Morgan is relegated to the second place and her thwarted desire ends in self-destruction.

Monnypenny, in his remorse, sets himself deliberately to destroy the town for which he had sacrificed the happiness of his life.

The methods he adopts are not the least powerful descriptions in the book. Only its utter destruction would avenge her memory.

Every page of this book is of absorbing interest, and we heartily commend it to our readers as a feast of good things.

H. H.

A WORD FOR THE WEEK.

"Yet there never was an age—and I say this with certainty, in which personality was of such supreme significance as it is to-day. For this, after all, is the end to which my thinking has brought me—nationalism is nothing, internationalism is nothing, unless it is an expression of individual aspirations and ideals; for the end of both nationalism and internationalism is the ultimate return to racial character. Cultivate the personal will to righteousness, teach the citizen that he is the State, and the general good may take care of itself."—*David Blackburn* in "The Builders," by *Ellen Glasgow*.

COMING EVENTS.

December 13th.—League of St. Bartholomew's Hospital Nurses. Winter General Meeting, Clinical Theatre, St. Bartholomew's Hospital, 2.30 p.m. Lecture by Mrs. Dickenson Berry, M.D., on "Serbia and Jugo-Slavia—Before the War and After." 3 p.m. Tea will be served in the Nurses' Sitting Room.

The Registered Nurses' Society

**431, OXFORD STREET,
LONDON, W. 1**

Telegraphic Address : "SOROR: LONDON."

Telephone No. 1712 GERRARD.

The Society has been in existence for twenty-four years and only accepts on its staff Nurses who have had at least three years' training in a good general Hospital, and who possess the highest personal credentials.

The Society secures to the Nurses the just remuneration for their work.

The Society is managed by a professional Committee.

WHY THE SOCIETY SUCCEEDS

The Medical Profession and the Public support the Society with confidence, because a high standard of professional efficiency is maintained, and it works on just economic principles.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

ARE MIDWIVES TRAINED NURSES?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Miss Emily O'Neill, in your issue of the 29th ult. asks "If midwives are not nurses, what are they?" Obviously they are midwives! Your correspondent must have a very inadequate idea of what constitutes a trained nurse if she considers that it suffices for a woman to have conformed to the requirements of the Central Midwives' Board, and "nursed twenty lying-in women and their infants during the ten days following labour," in order to be a trained nurse. Such nursing is limited to the care of the puerpera (in most instances a healthy person, recuperating after a normal labour), and the management (including the feeding) of infants, for the most part normal and healthy. She must also know how to deal with obstetric emergencies, be acquainted with the nature, causes and symptoms of puerperal fevers, and the signs and symptoms of the venereal diseases, though she need not have nursed them, and understand how to disinfect her person, clothing, appliances. That very elementary, and circumscribed knowledge, relating to mothers and babies, does not constitute a woman a trained nurse. The midwife has her own honourable status, and position in the body politic, defined in the Midwives' Act. She should be proud of it, and seek still further to enhance its dignity. The trained nurse at present has no such assured position. Let us hope that the Bill now before Parliament for the Registration of Nurses will shortly become law, and that the General Nursing Council will soon get to work to define the standard to be required of registered nurses.

Yours faithfully,

CERTIFICATED NURSE AND CERTIFIED MIDWIFE.

KERNELS FROM CORRESPONDENCE.

M. S. Thompson: "I called for three cheers for Dr. Addison at dinner to-day, as soon as we heard that he had guided our Bill through the Third Reading in the Commons. It was a great triumph for all concerned, and I only hope we nurses will take a much more personal interest in the status and progress of our profession in the future than we have done, as a profession, in the past. Cheerio! B.J.N.! Steadfast and true from start to finish."

H. Hawkins: "What a Christmas Box."

C.M.B.: "My BRITISH JOURNAL OF NURSING gets passed on to three other people, as it is far too good to keep to myself; but I do wish, as is suggested, all nurses would ignore and cease to support the lay-edited nursing papers."

Matron Mental Hospital: It seems extraordinary that Sir Watson Cheyne—a medical man—knows no more about mental nurses, than to imagine they do not exist. Year by year, mental nursing has been raised to a higher standard, and the aim now, in all well-managed asylums (mental hospitals as we now call them) is to teach that brain disease needs scientific nursing—just as all other diseases do—and that in many instances it responds to skilled treatment and nursing. We mental nurses owe the Central Committee a debt of gratitude, in that it kept in its Bill from start to finish, the need of a Mental Nurses' Supplementary Register, and I for one much regret our Asylum Workers' Association failed to affiliate with the Central Committee, and help it to protect our interests. Now, when the battle is won, a movement is being made to secure representation on the General Nursing Council."

[Better late than never. Mental Nursing wisely guided has a great future before it, and we hope both the Medico-Psychological Association—which has done much to raise the standard of mental nurses—and women mental nurses, will be represented by experts on the General Nursing Council. There will be plenty of work for them to do once the Council is formed.—ED.]

Trade Union Nurse: "The attacks in the employers' press on the organizers of our Professional Union are perfectly scandalous; but it serves us right for supporting these quack publications for so long. No *trained* nurse should pay a penny for so-called nursing journals, unless they are owned and edited by *trained* nurses. Fancy the medical profession recognising as medical opinions lay-edited publications. All these people are after is our money, which gives them the power to insult and suppress us. Let us unite to smash up this tyranny. It is the biggest danger to freedom we are up against."

Member of League. "Our President objects to us discussing registration Bills at our meetings. She says it is political and politics are not seemly at our gatherings. Why?"

[Presumably because her professional policy differs from those members who wish to take an intelligent interest in their own affairs. The old Greek view was that politics, rightly regarded, are the highest activity of the free man, and we claim of the free woman too.—ED.]

OUR PRIZE COMPETITION.

QUESTIONS.

December 13th.—What is meant by "Barrier Nursing"? What are the necessary details to be carried out in "Cubicle Nursing"?

December 20th.—What is the origin of quinsy, and how is it treated?

December 27th.—Describe the appearance of the skin in (a) eczema, (b) psoriasis, (c) ringworm, (d), lupus. How are these diseases treated?

The Midwife.

BEFORE BABY COMES.

A TALK WITH EXPECTANT MOTHERS.

A useful booklet, published by the Glaxo Mothers' Help Bureau, 155-157, Great Portland Street, London, W. 1, is "Before Baby Comes: A Short Talk to Expectant Mothers," by a Doctor and the Glaxo nurses.

In the past the way in which the community has permitted working women to be overworked and underfed during the antenatal period has been a blot on our humanity — it was cruel to the mother and unjust to her unborn child. But we are now getting a juster view of the needs of the expectant mother, a clear comprehension of our duty to her. We know as the booklet under review points out, that "all our efforts and devotion, after a child is born, may fail unless that child was properly cared for before it was born. But to care for it then can only be done by caring for its mother; and so the care of the expectant mother, as we beautifully and significantly call her nowadays, is seen to be the care of two human beings, two generations, mother and child, present and future in one. So great a matter upon which the success or failure of all infant welfare work has lately been proved to depend, has now received the special and devoted study which it demands," and the results of the combined efforts of many famous workers in this department of science are told in simple language which can be readily understood by the unlearned.

Here is advice which is sane and sound. "You ought not to be ill, or to feel ill, you ought not to be satisfied if you do feel ill, as if you could expect nothing better in your condition. On the contrary, there are many women who are never so well in their lives as during this time. To-day we know the reason of this. We know that the unborn child, during its growth and development,

which it owes to its mother, also makes a return to her, and passes into her blood precious things which are of value to her. We have learnt, also, that the expectant mother gains powers of resistance to fatigue and to other kinds of strain and danger, such as she never had before, nor can ever have at any other time. These then are proofs positive that expectant motherhood, so far from being an illness, should be what it usually is—a time of splendid and wonderful health.

"But, of course, this health must be cared for, and since all that the mother does for her own life is really done for two, it is clear that she is in duty bound to take special care of herself at this time, to be more scrupulous in obeying the laws of health and to avoid those doubtful doings which might perhaps matter little at other times, but which certainly must be avoided now. Above all, you have only to remind yourself of the marvellous fact that a living child is growing with tremendous speed at the cost of your own blood, in order to realize that your diet is of supreme importance. You are feeding for two, and one of the two is building brain and bone and muscle out of the food which you swallow and which your blood carries swiftly to your



A BONNIE GLAXO BABY.

child in a few seconds after the few hours during which you are digesting it. If it be the wrong food, or insufficient, or not digested, then you will suffer more or less, but your baby will assuredly starve."

This is advice which any expectant mother can understand, and will be the better for gasping. After showing that the woman with child should avoid stimulants, owing to their injurious effect on the unborn child, the booklet states "there is good evidence to show that for exactly similar reasons the expectant mother should not smoke."

We cordially commend the booklet to the attention of our readers.

CENTRAL MIDWIVES' BOARD.

LIST OF SUCCESSFUL CANDIDATES.

(Concluded from page 352).

Liverpool Maternity Hospital.—E. W. Barter, E. Bradford, E. G. Chrimes, M. Cockshott, E. A. K. Crooke, E. E. Ellwood, M. E. Jones, S. Matthews, H. A. Mollekin, M. A. Oakes, W. M. Powell, E. Shimmis, B. P. Smith, M. Steele, E. M. Wakefield, A. B. Waterhouse, E. E. White.

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Walton: West Derby Union Infirmary.—D. W. Griffiths, E. Walton.

West Riding Nursing Association.—M. E. Johnstone, L. Lister, M. Shaw.

Wilts Nursing Association.—E. M. J. Collett.

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WALES.

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Monmouthshire Nursing Association.—F. J. Beese.

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SCOTLAND.

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ROBINSON'S "PATENT" GROATS.

One of the most important duties of a nurse or midwife is not only to regulate the diet of a maternity patient while under her care, but to put her in the right way so that her baby shall have its rightful heritage—the milk that Nature has proportioned and adjusted to his needs.

A great aid to this end is gruel made with Robinson's "Patent" Groats, first introduced nearly a hundred years ago, and still of proved value, and a great favourite. It assists the incoming of the milk and helps to maintain the supply as well as improving its quality. It is supplied by Messrs. Keen, Robinson & Co., Ltd., London, E. 1.

CHILD WELFARE.

For the properly trained nurse the subject of child welfare offers a field capable of greater fundamental service to humanity than almost any other. She begins her service during the pregnancy of the mother. She sees under what kind of social and hygienic conditions the prospective mother is living, and notices the character of her general nutrition and the kind of food she is having. In every way possible she prepares the prospective mother to assume her new duties with a proper spirit of responsibility.—*Dr. Walter Reeve Ramsey.*

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EDITORIAL.

ORGANISATION OF HEALTH SERVICES IN LONDON.

The Special Committee on Health Administration in London, appointed by the London County Council in March last, "to consider and report as to what alterations and extensions are desirable in the powers and duties of the different local authorities and other bodies, both official and voluntary, responsible for performing health duties in London," have now presented their report to the Council.

They state that a principal object of the Ministry of Health Act, 1919, is to bring under one Minister of the Crown, and one Government Department, the health functions hitherto exercised or supervised by various Government Departments. That the Act does not effect any rearrangement or redistribution of health functions of local authorities, but it provides that it shall be the duty of the Minister to take such steps as may be desirable to secure the preparation, effective carrying out, and co-ordination of measures conducive to the health of the people, including measures for the prevention and cure of diseases, and the training of persons for health services.

The Committee state that they have framed their proposals on a basis which will permit of a large measure of elasticity in development. Further, that the problem of developing, and where necessary remodelling, the organisation for dealing with the health of the people of London is one of great difficulty and complexity, one difficulty being that the principle which underlay the earlier measures for dealing with the treatment of individuals led to the creation of separate medical services within the Poor Law, the Education Service, and other great branches of administration; whilst more recent policy, which has culminated in the creation of

a Ministry of Health, aims at all Health Services being under unified control. The Committee then trace the development of the Health Services, including environmental and other public health services of a local character, services in respect of infectious diseases, Poor Law Medical Services, School Medical Services, Services in connection with Maternity and Child Welfare, and the Voluntary Health Agencies—including the voluntary hospitals—the League of Red Cross Societies, the British Red Cross and Order of St. John, the Nursing Associations, the National Council for Combating Venereal Diseases, the Central Fund for the Promotion of Tuberculosis Dispensaries, the Invalid Children's Aid Association, etc.

The Committee then discuss what would be the ideal organisation of Health Services in London; what should be the financial basis underlying this provision; and how far the ideal solution is compatible with the existing organisation of London government.

The Committee recommend to the Council that a scheme for the better organisation of Health Services in London should provide that the health functions of London Poor Law authorities should be divided between the Council, the City Corporation, and the Metropolitan Borough Councils; that the Council should have power, by scheme, to appoint a Health Committee, of whom the majority should be members of the Council, and a minority persons of experience in health matters who are not members of the Council, and to refer to such Committee such duties as medical inspection and treatment of school, at present referred by statute to the Education Committee. It also suggests that a Central Council of London Hospitals should be formed.

These are all matters in which nurses engaged in Public Health work in London are intimately concerned and deeply interested.

OUR PRIZE COMPETITION.

WHAT IS MEANT BY "BARRIER NURSING"? WHAT ARE THE NECESSARY DETAILS TO BE CARRIED OUT IN "CUBICLE NURSING"?

We have pleasure in awarding the prize this week to Miss A. G. Young, Plaistow Fever Hospital, Samson Street, Plaistow, E.13.

PRIZE PAPER.

PART I.

Barrier Nursing is an extremely interesting phase in the routine of an infectious hospital. Interesting because the nurse can concentrate on particular symptoms without reference to other cases, and absolute isolation gives the opportunity of noting the most delicate changes in the condition of the patient. The barrier system has been proved a successful method of ensuring the isolation of an infection foreign to that of the ward in general in which it is being nursed.

This isolation of patients is employed for various reasons. A patient is, or may become, dangerous to the other patients in the ward in the following ways:—

(1) Previous to admission a patient may have been associated with an additional infection, and may possibly develop this secondary infection after admission. Here the patient can be isolated (barriered) till the incubation period is over.

(2) A patient may have two infections, one of which is not proper to the ward in general, and therefore is barriered to prevent infection spreading.

(3) The nature of an infection may be doubtful on admission. Then, there being the chance that he will infect other patients or become infected himself, he is barriered.

(4) A case, having been in a ward some time, may develop another infection or an infectious complication. Then he is barriered.

Now let us consider the different ways of isolating cases.

(a) The *barrier* is carried out in large wards.

The barriered cases are placed at the entrance of the ward and on either side. In this way the "barriers" who are dangerous to each other are farther apart than if one side of the ward was given to barriers only. The infections most difficult to control, especially whooping-cough, are placed in the end beds, so that there is only one bed next to the patient, and the least infectious barriers are placed next to the unbarriered part of the ward. The other patients in the ward are arranged according to their immunity to the barriered infections. A patient having had a given infection, and therefore

more likely to be immune from it, is placed in the bed next to the barrier whenever possible.

Speaking of the barrier itself,

At the foot of the bed are placed two upright stands, with a red cord stretched between, to represent the imaginary line that is drawn round the bed. At the bedside hang nurses' and doctors' gowns, and no one approaches the bed unless attired in a gown. Of course, should an emergency occur, and the nurse attend to the patient without a gown on she changes her apron, and, if necessary, her dress. Before going to the bed, the nurse completely immerses her hands in disinfecting lotion, which stands by the patient's bedside—either lysol, or perchloride of mercury. On leaving the bed, she again washes her arms and hands in the lotion. All nursing and feeding articles for the barrier's use are kept separate, and used for no one else. They are kept preferably in his own locker. Also in his locker are kept his washing blanket, duster, towel for his feeding articles and one for his treatment utensils. All bed-linen and clothes for barriered patients, when soiled, are put in a receptacle kept for the purpose, and steeped in disinfectant before going to the laundry. The feeding and nursing articles are taken away after use, washed, and brought back to the locker. When up, barriered cases are not allowed in the unbarriered part of the ward.

As regards nursing, barriers in a ward are left till last, and then attended to in the order of their infections. Likewise, when the medical officer is doing his round, the barriers are visited last. It is essential that each one of the staff should know the reason for the case being barriered. A card is kept with the charts of the patient, with full particulars as to cause and date of the patient being barriered. The order in which the barriers rank, leaving the most infectious to the last, is as follows:—

Diphtheria, Mumps, Rubella, Typhoid Fever, Whooping-cough, Measles, Chicken-pox.

(b) Another way of ensuring isolation is

Bed Isolation. This is a method of isolating mixed infections and also single infections in a large ward. In the barrier, only few patients are isolated; in bed isolation, every case. Again, the arrangement of cases must be considered, such cases as can be, are brought together to decrease the number of points from which infection can spread. Bed isolation is said to control all infections (except Small Pox, which has not been tested), but it is doubtful yet as regards Chicken-pox, Measles and Scarlet Fever.

Here the nursing principles are different. There is a common stock of nursing and feeding articles, except that each case has his own thermometer and pulse-glass. Everything is boiled after use, there being sterilisers for this purpose. Each case is provided with nurses' and doctors' gowns, but disinfecting lotion is not provided for each case; the nurses carbolise their hands at a central place. When up, each case stays by his own bed.

(c) *Cubicle Nursing* is even a step further towards complete isolation in large wards. There is the addition of a glass partition between the beds, but not reaching to the ceiling. There is a common air supply to all patients. Cubicles control the same infections as the barrier.

(d) *Corridor Cells*. Here the division does reach the ceiling. The cells lead off a passage running down the centre of the ward; therefore, as the corridor is partly closed in, there is not, strictly speaking, a separate air supply for each cell. These, too, control the same infections as the barrier.

(e) *Verandah Cells*. These lead separately into the open air, or on to a verandah. The verandah may run round the block or simply along one side. Thus there is a separate air supply for each cell or ward. All infections can be controlled by this method (except Small pox, not tested).

(f) *Open-air Shelters*. These are not greatly used as yet, and are, strictly speaking, used more for treatment than for the prevention of disease. However, it is possible they will be as successful as verandah cells in the controlling of an infection. This system is in use now, and controls Scarlet Fever while nursed with other infections. Also it is known that while Typhus Fever spreads easily in partly ventilated wards, it does not do so when nursed in open-air shelters.

PART II.

In cubicle nursing special care must be taken, and the following points, in addition to the ordinary precautions taken for barriers:—

(1) To ensure very free ventilation, as some infections are carried by air, and there is a common air supply.

(2) All soiled linen must be at once removed, under proper precautions, as air carries germs, and disinfected.

(3) If children are occupying cubicles—and most fever cases are children—care to be taken that they do not run into next cubicle. Curiosity may prompt a child to do this.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. F. Rossiter, Miss M. James, Miss P. Thomson, Miss N. Bayley.

NURSING ECHOES.

The military authorities have gratefully accepted an offer by the Joint War Committee of the British Red Cross Society and Order of St. John of Jerusalem of a sum equivalent to 5s. per occupied bed in military and military auxiliary hospitals for the purpose of providing festivities for the patients in those hospitals on Christmas Day.

The nursing staff of the King George Hospital, Stamford Street, S.W., have erected in St. John's Church, Waterloo Road, a memorial to the patients who have died in that hospital. The memorial takes the form of an upright crucifix on a stone base, suitably inscribed. A parchment roll at the church, containing particulars of the men who have died in the hospital, is open for reference, and has been signed by Her Majesty Queen Alexandra, who also unveiled the memorial.

The House of Commons, on December 11th, resolved that the Draft of the Ministry of Health (Lunacy and Mental Deficiency, Transfer of Powers) Order, presented November 17th, be approved. This will bring the control of the nursing care of the insane under the Department of the Minister of Health.

At a recent meeting of the Cardiff Mental Hospital Committee, Lieut.-Colonel Edwin Goodall presented an interesting report, and a discussion took place in regard to the substitution of the system of women nurses for male nurses.

Two members of the Committee opposed the change, but Col. Goodall stated that the Committee had empowered him to take all necessary steps for securing a proper female staff, and that during the whole of the War Office occupation about 2,000 acute mental cases had been nursed entirely by women. The rules and regulations had been entirely remodelled and submitted to the Commissioners. No hardship would be inflicted upon the male staff. He strongly contended that female nurses could take care of the acute mental cases, and that nursing by women was by far the most enlightened system, and by far the best system for the patients.

This is in accordance with the experience of Dr. George Robertson in Scotland, and other progressive medical superintendents, who have had experience of this system.

At an adjourned inquest at the City Coroner's Court into the death of a patient at St.

Bartholomew's Hospital while under the influence of stovaine, the Coroner, Dr. Waldo, said that in consequence of some remarks which he had made at the first hearing as to the administration of anæsthetics by students and nurses—a practice which does not obtain at St. Bartholomew's Hospital—a medical practitioner had written to the *Times* expressing the opinion that it was regrettable more attention had not been paid to the subject.

The jury, returning a verdict in accordance with the medical evidence, added a rider that no general or local anæsthetic should be administered by any but a duly qualified medical man, except in most exceptional circumstances, and that the Medical Research Committee and the Ministry of Health be requested to inquire into all matters connected with anæsthetics given for operations.

The Red Cross announces that fifty-four V.A.D.s have been awarded scholarships. Of these, two are for pharmacy, one physical culture, six massage, one welfare supervisors, fifteen general nursing training, fifteen midwifery, and two village nurses.

We disapprove on principle of money subscribed to the Red Cross Society being used for any purpose than for the direct benefit of sick and wounded sailors and soldiers—and God knows plenty of them need it—but it is satisfactory to find that V.A.D.s are willing in considerable numbers to enter hospitals for general training. It would be interesting to know if they have to return the grant if they fail to fulfil their obligations. We make this enquiry because we learn, on good authority, that the V.A.D.s are not invariably the angels the Press has painted them, once they are set to do the arduous work in hospital wards, which thousands of "hired" nurses have cheerfully undertaken in the past. Moreover, they find the hospital commissariat far from appetising.

In this connection we shall be obliged if anyone will verify the truth of the following statement. We are informed that at one leading London Hospital the dinners weekly are as follows:—two days hard dark liver (this is, of course, frozen—the sort bought for bow-wows), two days sausages, one day meat, one day fish, few green vegetables, and innocuous puddings.

We realise the difficulties of catering under present conditions, but must draw the line at frozen liver.

But when all is said or done, the standard of our cookery is abominable, and the sooner we have a Bill for the registration of cooks, now legislation for nurses is out of the way, the better.

When we remember the nurses' meals served at the *Maison de Santé*, Bordeaux, with one woman cook only for the whole staff, we want an aeroplane to swoop down on that institution and whisk away Mlle. Mignot and her dietetic artist. Even in the wilds of Eubœa during the Græco-Turkish War, we still have tender memories of the culinary necromancer, "Anatole," who, over two little coke holes, prepared delicious ragouts for a hundred patients, and a five-course dinner for the staff!—and this, moreover, without apparently any material to work with whatever!

Anyway, as food values and invalid cookery will form an important department of nursing education in the future, let us hope the General Nursing Council will in time do much to instruct the community concerning the relations of food and health. We appear, however, to have wandered "some" from that gruesome frozen liver. What we want to know is—is it or is it not, an item in the nurses' menu of one of our leading training schools? Please tell.

PRESENTATION.

Miss Ruffle, late Matron of the Porthcawl Rest was recently the recipient of a presentation at Porthcawl. Mr. Martin Price, Secretary of the Engineers' Institute, of Cardiff, presided over a representative gathering at the Council Chamber. The presentation took the form of an inscribed album and a cheque for over £37. During her matronship at the Rest, extending from 1916 to 1919, 3,000 wounded soldiers passed through her charge. Miss Ruffle suitably responded.

THE HOSPITAL WORLD.

The Lady Mayoress of London has issued an Appeal to the Women of the Empire to rally round Britain's Mother Hospital (St. Bartholomew's), which is in a perilous position.

The famous Egyptian Hall at the Mansion House was a palace of delight for children on December 11th and 12th, when thousands of lovely dolls were sold in support of the appeal.

For £80,000, Brig.-General Sims, Agent-General for Ontario, has sold on behalf of his Government the Ontario Military Hospital at Orpington to the Ministry of Pensions, for the care and treatment of convalescent and disabled soldiers handed over to the Ministry by the War Office.

The hospital has accommodation for 2,000 patients, and was the largest Canadian military hospital in England.

HONOURS FOR NURSES.

At Buckingham Palace, on Wednesday, December 10th, the King conferred Decorations as follows:—

THE ROYAL RED CROSS (FIRST CLASS).

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Mary Bishop, Gertrude, Mrs. Green, and Miss Bessie Rankin.

Territorial Force Nursing Service.—Miss Grace Craig, Miss Marion Thomas, and Miss Madeline Watts.

THE ROYAL RED CROSS (SECOND CLASS).

Queen Alexandra's Imperial Military Nursing Service.—Miss Minnie Maclean and Miss Christina Macrae.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Nina Cairns, Miss Mary Clery, Miss Lynda Coates, Miss Estelle Doyle, Miss Mary Potts, Miss Amelia Pressly, Miss Beatrice Reid, Miss Violet Riley, Miss May Ross, and Miss Maude Todman.

Territorial Force Nursing Service.—Miss Louisa Berry, Miss Edith Moore, Miss Elizabeth Neil, Miss Florence Pierrepont, Miss Emma Stokes, and Miss Edith Willis.

Civil Nursing Service.—Miss Jenny Morris, and Miss Hilda Palmer.

British Red Cross Society.—Miss Amy Wilson.

Voluntary Aid Detachment.—Miss Gladys Gardiner, Miss Lily Privett, Mary, Mrs. Stein, and Jessie, Mrs. Townsend-Whitling.

Nursing Staff of Civil and War Hospitals.—Miss Beatrice Beeson, and Miss Mabel Winch.

THE MILITARY MEDAL.

Miss Susan Munroe, *Queen Alexandra's Imperial Military Nursing Service Reserve.*

On December 11th the King held an Investiture and conferred Orders and Decorations as follows:—

THE MOST EXCELLENT ORDER OF THE BRITISH EMPIRE.

OFFICERS.

Military Division.—Miss Minnie Wood, *Queen Alexandra's Imperial Military Nursing Service* (also received the Royal Red Cross, First Class, and the Military Medal).

THE ROYAL RED CROSS (FIRST CLASS).

Queen Alexandra's Imperial Military Nursing Service.—Miss Marion Branson, Miss Olive Stinton, and Miss Lucy Toller (also received the Military Medal).

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Grace Corder, Annie, Mrs. Nash, and Miss Jeanie Strachan.

THE ROYAL RED CROSS (SECOND CLASS).

Queen Alexandra's Royal Naval Nursing Service.—Miss Mabel Chester-Webb.

Queen Alexandra's Imperial Military Nursing Service.—Miss Clarice Williams.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss Helen Caig, Miss Agnes Cummings, Miss Margaret Macdonald, Miss Mary McDonald, Miss Lily Millar, Miss Florence Puddicombe, Miss Alice Rogers, Miss Amy Russell, Miss Ino Skinner, and Miss Hilda Starbuck.

Territorial Force Nursing Service.—Miss Rosina Bowyer, Miss Jean Halliday, Miss Beatrice Matthews, Miss Margaret McIntyre, Miss Eliza Nicol, Miss Helen Romer, Margaret, Mrs. Rose, Miss Sophie Thomson, Miss Dorothy Ward, Miss Florence Widdop, and Miss Annie Wood.

British Red Cross Society.—The Dowager Countess of Suffolk.

Voluntary Aid Detachment.—Miss Gertrude Howell-Evans, Miss Caroline Kernan, Miss Emma Masters, Miss Mabelle Milnes, Miss Geraldine Platt, Miss Marjorie Platt, and Miss Katherine Ryott.

East African Nursing Service.—May, Mrs. Price.

THE MILITARY MEDAL.

Miss Maud Abraham, *Queen Alexandra's Imperial Military Nursing Service Reserve.*

Queen Alexandra received at Marlborough House the Members of the Naval and Military Nursing Services who have been awarded the Royal Red Cross and the Military Medal, subsequent to the Investitures at Buckingham Palace.

Miss A. B. Smith, R.R.C. (Matron-in-Chief, *Queen Alexandra's Imperial Military Nursing Service*), was also received by Her Majesty.

LIBEL ACTIONS.

MISS MACCALLUM AND THE "BURDETT" PRESS.

As we reported last week, Miss Maude MacCallum has, through her solicitor, demanded an apology for, and complete retraction of the "absolutely untrue" statements made concerning her in the "Burdett" Press in her relation to the Nurses' Co-operation.

This apology and retraction, the proprietors and editors of *The Hospital* and the *Nursing Mirror* refuse to make, and they have accepted service for the writ for libel which Miss MacCallum's solicitors threatened to issue.

MISS THERESA MCGRATH AND THE COLLEGE OF NURSING, LTD.

We have heard nothing further of the writ issued by the College of Nursing, Ltd., against Miss Theresa McGrath, some months ago. Has it missed fire? If so, has it been withdrawn, and an apology and costs offered by the College Council to the nurse in question?

At a meeting of the General Council of King Edward's Hospital Fund for London, held at St. James's Palace on Tuesday, over which the Prince of Wales presided, a distribution of £230,000, the highest amount on record, was authorised.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION

R.B.N.A.

CHRISTMAS, 1919.

Our Christmas message to the members of the R.B.N.A. is a threefold one of good will, of congratulations and of thanks. We would send to each individually our good wishes for a happy, peaceful Christmas time and for much prosperity in the coming year. A year it is which will be entered upon with very high hopes by all who have the welfare of their profession much at heart, for at last, after long years of patient, laborious striving, of great self-sacrifice on the part of the pioneers of nursing as a profession, after long revilings and persecutions from those who have opposed State Registration, the last few days before the Christmas of 1919 are rich with promise that the State Registration Bill will shortly be placed on the Statute Book. The old Anti-Registration Press is, after the old insidious, plausible fashion, endeavouring to mislead its readers as it has done in the past. Innuendos and hints, more or less guarded, are strewn throughout its pages to "train" the minds of readers to the view that the Act will not do so much for the nurses after all, the same old "black magic" again, handled now with waning success, by the same old "black magician," leering behind platitudes and sentiment as he tries to keep the nurses dancing on to his tune. Let none among us be deceived by efforts to influence the nurses to disregard or minimise their tide of opportunity. Dr. Addison's Bill for State Registration is big with possibilities for the nurses if they choose to use them. True, it does not lay down rigidly the precise lines of development on which the profession is to progress. The spirit of the evolution of the present day, while it demands certain safeguards in the laws it rears up, also requires a certain fluidity to allow of adjustment to the conditions of a period in the world's history when we must realise the fact that movements on all sides either progress with great rapidity or stay dead, and hence the need for a certain "enabling" quality in all measures. Dr. Addison does a bigger and grander thing for the nurses than making all the laws for their organisation himself. He places in *their own hands* the organisa-

tion, the destinies and development of the nursing profession. Every nurse should be alive to a realisation of new powers, of new responsibilities, and should become an architect in building up at last the *profession* of Nursing, for it is to be remembered that actually, until it receives the recognition and protection of the State, nursing can only be termed a profession in courtesy, not in fact.

The pioneers of this movement have won the long fight at last. Those who would be worthy to be their followers must have something not only of their clear vision, courage and tenacity, but also something of their understanding of the powers that lie inherent in every individual. Through their toil, their weariness, their effort and their money, the key to unlock wonderful possibilities has been handed to the nurses. Will they grasp, study, understand and use their Registration Act? It will require thought and exertion, but they cannot, with honour, leave it still to the few to fight their battles and to bear the stress and burden of the effort required to bring about progressive evolution either in education, economics or conditions of life in any body of workers.

In conclusion, at this moment of victory we send a message of sincere and heartfelt thanks to the members of the Association. With few exceptions, they have stood so loyally by their Association, and there are many (their names are too numerous to mention here) who have taken a very active part in helping us in different parts of the country where they are working. We will remember them always as our loyal comrades in that historic year 1919, and our thoughts go out in gratitude to them to-day, although we cannot send to each a separate message of thanks.

We are also indebted to the following, who, during the current year, when the pressure of work at the office has been very great, have generously given voluntary help to the Association and the Trained Nurses' Annuity Fund:—Mrs. Campbell Thomson (Nurse Hon. Secretary), Miss Anderson, Miss Bennett, Miss Bylett, Miss Cattell, Miss Coles, Miss Christie, Miss Giffen, Miss A. Good, Miss George, Miss Hawkes, Miss Hulme, Miss Ketteringham, Miss Lewis, Miss Liddiatt, Miss Munro, Miss MacWilliam, Mrs. Raikes, Miss Rawlings, Mrs. Rogers, Miss Sinzininex, Miss Staples, Miss Whitaker, Miss Winton.

THE NURSING PAGEANT.

As indicated in a recent issue of *THE BRITISH JOURNAL OF NURSING*, the Consultative Committee of the Royal British Nurses' Association is organising a Pageant illustrative of the Evolution of Trained Nursing. It will be remembered that this Committee is composed of Delegates from the various Societies affiliated to the Corporation and of its Executive Committee.

Mrs. Bedford Fenwick has placed at the disposal of the R.B.N.A. the text of "The Pageant and Masque on the Evolution of Trained Nursing, and the Right of Life to Health," and it is hoped that she will take an active part in organising the pageant.

Should the Registration Bill pass at an early date, no more fitting and dignified way could be chosen to celebrate the achievement of thirty years of effort—the achievement of having secured a mandate from the State at last that nursing shall indeed rank among the professions.

The uses and possibilities of pageantry have been too much lost sight of in these modern days of rush and hurry. The printing press, the platform and the ever-changing picture palace have ousted the beautiful symbolism of the olden time. Victory Balls may prove a useful outlet for the feelings of a certain type of mind, when a season for rejoicing arrives, but we are glad to know that, should victory be won after the "thirty years' war" the nurses' Societies will celebrate it in a dignified and impressive manner. From an educational point of view alone it will be worth every nurse's while to make some sacrifice to attend the Pageant that she may watch the unfolding in stately symbolism of the gradual evolution of her profession, each of us will go from it, back to the daily round of nursing work, with a sense of reverence, of a great responsibility to the profession and to those fine courageous spirits who, by sacrifice and striving and singleness of purpose in early ages of the world's history and in later times will prove to be the inspiration in the future of others whose privilege it will be to uphold all the fine traditions of nursing, who, having obtained the State's recognition and protection for the profession, must be responsible now for making it take the place it ought to have in the forefront of all women's professions and employments.

TWO BOROUGH COUNCILLORS.

It is interesting to note that two out of the three nurses who have been returned as Borough Councillors are members of the R.B.N.A. Mrs. Reidy was successful in Stepney, and our readers will remember the account we gave of her splendid public work a short time ago when reporting a meeting at which a presentation was made to her by the citizens of Stepney. Miss Kent is extremely well known and popular among all our readers, and we predict for both ladies a career of great usefulness to the boroughs whose interests they are to serve.

APPOINTMENT.

Miss Helen B. Simpson has been appointed to a post in the Civil Hospital, Khartoum, and her work will be in the wards for acute cases, while occasionally she will go into the country to do maternity work. Miss Simpson received her general training at the Middlesex Hospital.

SOUTH AUSTRALIAN BRANCH

The half-yearly Report of the South Australian Branch is quite satisfactory. It records the pleasure with which the members of the Australian Branch have heard of the award of a Second Class Red Cross to one of its members, Miss Davidson, when a sister, and later, on her advancement to the position of Matron, of a First Class Red Cross. Since the last award Miss Davidson has received the decoration of the C.B.E. We unite with the Branch Association in offering her and Miss Burns, who received the Second Class Red Cross, our warm congratulations.

It is with deep regret that the South Australian Branch report the death of Dr. A. C. Magarey, their much respected Vice-Chairman, and the Executive Committee of the parent Association have forwarded to the daughter Association an expression of sympathy. We also note with sincere regret the death of Miss Williams, of the Adelaide Hospital. Both of these members fell victims to the scourge of influenza.

The Report notes the growing popularity of the Trained Nurses in South Australia, and we hope that ere long South Australia may also be included in the list of countries where the profession of Nursing is standardised by the State.

THE CONQUEST OF THE ATLANTIC BY AIR.

Extraordinary care is, of necessity, devoted to every detail in the equipment of aeroplanes and airships for such epoch-making journeys as the Transatlantic flight. It is interesting, therefore, to note that every aeroplane, seaplane and airship which has crossed, or attempted to cross, the Atlantic was equipped with "Tabloid" First-Aid, supplied by Messrs. Broughs, Wellcome & Co. The reason is explained in Sir John Alcock's report: "They are the only possible medical equipments for airmen."

ANNUAL SUBSCRIPTIONS.

We remind our members of the annual subscriptions due on January 1st, and urge that, in consideration of the heavy expenses which have arisen during the year, and which, as can well be understood, have been unavoidable, the nurses will forward their subscriptions early in order to avoid extra work and expense in the matter of sending out reminders.

ISABEL MACDONALD

Secretary to the Corporation.

10, Orchard Street,
London, W.1.

LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The Winter General Meeting of the League of St. Bartholomew's Hospital Nurses, which was well attended, was held in the Clinical Theatre of the Hospital on Saturday, December 13th, at 2.30 p.m. Mrs. Lancelot Andrews, Vice-President, was in the chair.

Arising out of the minutes of the last meeting which recorded that telegrams of loyal congratulation on the declaration of peace, had been sent by the League to the King, and to the Prince of Wales, President of the Hospital, Miss Cutler, General Secretary, read telegrams sent in reply by His Majesty and the Prince of Wales.

THE ISLA STEWART MEMORIAL LIBRARY.

Also a letter from the Clerk to the Governors, on behalf of Lord Sandhurst, Treasurer of the Hospital, stating that he willingly acceded to the desire of the League that the £2,000 contributed by it towards the new Nurses' Home in 1909 with the interest accruing therefrom, together with a further £700 collected by the League should be devoted to the building and equipment of the library in the Home, and that it should bear the name of Miss Isla Stewart, late Matron of the Hospital and Founder of the League.

The letter was received with much applause, and the chairman said that it was an enormous pleasure to the League that the Library, which was inaugurated by Miss Stewart, and in which she took so deep an interest, would bear her name in the new Home.

A GREAT DAY FOR THE LEAGUE.

Mrs. Andrews then said that before passing on to the business on the Agenda, she had a very pleasant duty to perform. The day was a great day in the annals of the League which, since its foundation, had always stood for the State Registration of Nurses. The Government Bill, introduced by the Minister of Health for England and Wales, as well as the Scotch and Irish Bills, had all passed through the House of Commons and awaited their Second Reading on Monday, December 15th, in the House of Lords.

She had two resolutions to propose from the chair:—

RESOLUTION I.

That the League of St. Bartholomew's Hospital Nurses, numbering 1,038 certificated nurses, desires to express to the Right Hon. Christopher Addison, M.P., Minister of Health, its sincere thanks to him for introducing a Nurses' Registration Bill on behalf of the Government, for taking such a personal interest in its promotion, and for making such liberal provision for self-government for the registered nurses.

Members of the League feel specially gratified that the Minister responsible for the Nurses' Registration Bill was formerly on the medical staff of St. Bartholomew's Hospital, and they desire to offer him their most cordial congratulations on his eminent ministerial position as Minister of Health.

In proposing the resolution, Mrs. Andrews said that just for a moment she would recall some ancient history concerning the hospital. Thirty-two years ago, when some of those present were unborn, and when a few were working in the hospital, there were two personalities of great interest to-day within its walls. One the Matron, who had already made her mark, and who, when walking round the wards, must already have had in her mind the organisation of nurses beyond the walls of the hospital, and the other an unknown student, liking the nurses as well as most students like them, but knowing nothing of the questions involved in their work, and quite unconscious that he was going to carry into effect later a great reform intimately affecting them.

Thirty-two years ago, Mrs. Bedford Fenwick proposed the foundation of the British Nurses' Association, ardently supported by Miss Isla Stewart, then Matron of the hospital, and Bart's nurses to-day must be filled with admiration for the sense of vision, the courage, the dogged perseverance and the faithful effort with which she had through all those years carried on the campaign for the organisation of nurses by the State.

Those who remembered all that would not benefit much by the legislation, which we hoped shortly would be carried into effect, which Dr. Addison had guided through all its stages in the House of Commons, and which, by a happy coincidence, was to be in charge of Lord Sandhurst, Treasurer of the Hospital, in the House of Lords. It was, however, up to the nurses of the present generation, and more especially to Bart's nurses, to use the benefits and privileges which would be conferred upon them by an Act of Parliament giving them legal status, to the fullest advantage.

She then put the resolution to the meeting, when it was carried unanimously and by acclamation.

RESOLUTION II.

Mrs. Andrews then moved from the chair a further resolution conveying to Lord Sandhurst the approval of the League of the Nurses' Registration Bill, and its pleasure at learning that it would be in charge of the Treasurer of St. Bartholomew's Hospital in the House of Lords.

In supporting the resolution, Mrs. Bedford Fenwick said it was probable that the Bill, as promoted by the Minister of Health, would pass the Second Reading in the House of Lords on December 15th, as every principle incorporated in it had been granted by the Members of that House in 1908.

A LOSS TO THE LEAGUE.

The League received with great regret the resignation of Miss Beatrice Cutler of the position of Secretary a regret with which the President (Miss Helen Todd) who was unable to be present, had written asking to be associated. Mrs. Andrews, in conveying the thanks of the League to Miss Cutler, said she hoped it would always be a pleasure to her to know that it appreciated and thanked her for her work, but she thought it

would be her greatest pleasure to look back upon that work, and to say that it had indeed been good.

The Executive Committee nominated Miss H. T. Baines, who was willing to act if elected, to fill the post of Secretary vacated by Miss Cutler, and this was carried unanimously.

The meeting then terminated, and those present adjourned to the Medical and Surgical Theatre for the lecture on Serbia and Jugo-Slavia by Mrs. Dickinson Berry, M.D.

SERBIA AND JUGO-SLAVIA.

Mrs. Berry announced that she was suffering from a severe cold, and that she was convinced her voice would not hold out for an hour. The League would not, however, be the losers as Mr. Berry had consented to give the first part of the lecture.

Mr. Berry, who prefaced his lecture by saying what a pleasure it was to him to return to his old haunts and to the room in which he had taught for twenty years, gave a most interesting description, illustrated by lantern slides of Serbia and Jugo- (Southern) Slavia. He apologised for the number of maps shown, but no apology was needed, for they showed most clearly the position of the countries inhabited by the Slav races, and the reason why the great trade routes from Central Europe to the East must pass through Serbia, so that it stood directly in the way of the ambitious Powers which took the opportunity of the assassination of the Archduke Franz-Joseph to pick the quarrel with Serbia which eventually involved the world in war.

Mrs. Berry emphasised the same point. She also spoke of the patriotism of the Serbian women, who sent their sons and husbands to the war, and of their great awakening and desire for higher education, due partly to the upheaval caused by the war and partly to the influence of British women, of whom they had a tremendously high opinion. It was not doles they wanted so much as help to assimilate British methods. She told of a scheme for raising a fund for giving medical scholarships in London, to Serbian girls, of which she is Hon. Secretary, which is being organised as a War Memorial.

In seconding the vote of thanks proposed by Mrs. Andrews to Mr. and Dr. Dickinson Berry, Mrs. Bedford Fenwick emphasised the need of studying geography in order to understand politics. She warmly thanked the speakers for their most instructive, interesting and delightful lecture. At the close of the meeting, an impromptu collection was made resulting in over £5 being handed to Dr. Dickinson Berry, for her Medical Scholarships Fund.

THE SOCIAL GATHERING.

The members of the League then adjourned to the Nurses' Sitting-room for tea, and for the conversation with old friends which is always such a delightful part of the League meetings. Everyone appeared in the highest spirits in anticipation of the passing into law of the Nurses' Bill, and keen

recruiting took place for the coming Pageant on "The Evolution of the Nursing Profession." Quite a number of those who helped to make the 1911 Pageant so great a success consented with pleasure to take part again, and St. Hilda of Whitby, Marcella, a Sister of the Order of St. John of Jerusalem, a Choir Sister of the Augustinian Order, Queen Philippa of Hainault, an Abbess of Noble Birth, Elizabeth Fry, to say nothing of Sairey Gamp and Betsy Prig, have consented to "act."

The very skilful needle of Miss Fanny Sleigh, late Sister President, has been placed (by request) at the disposal of the Pageant—and that is a tremendous asset.

But as some 150 persons appeared in the last Pageant, the Committee has a tremendous task to accomplish, and it is hoped that other Leagues will take part in this occasion of rejoicing.

THE NURSES' REGISTRATION BILLS— SECOND READING IN THE HOUSE OF LORDS.

NURSES' REGISTRATION (No. 2) BILL.

In the House of Lords on Monday, December 15th, the Order of the Day for the Second Reading having been read, Viscount Sandhurst, on behalf of the Government, rose to move the Second Reading of the Nurses Registration (No. 2) Bill. (England and Wales.)

AN AGREED MEASURE.

LORD SANDHURST said: My Lords, I am glad to present this Bill as an agreed measure. Those who have followed this controversy, as I have done for more than a generation, will be as pleased as surprised, and as surprised as pleased, with the result. I certainly had thought, from the various phases through which this subject has passed during a number of years, that such a result would have been well nigh impossible, but I did not count on the magician-like qualities of the Minister. Your Lordships will remember that there were two Bills introduced last summer: one promoted by a Member of the House of Commons, and another presented by Viscount Goschen in this House. I am glad to say that this Bill, of which I now propose the Second Reading, has been welcomed by the adherents of that Bill, which I believe was nearly the identical Bill passed in this House eight or nine years ago at the instance of Lord Amphil. .

Lord Sandhurst then explained that the Minister of Health had solved the difficulties surrounding the formation of the First General Nursing Council by deciding to appoint it himself. He reminded the House that the two former Bills provided that there should be one Council for the United Kingdom, but since then a Ministry of Health Bill had been passed, and it was admitted that in the care and treatment of the sick the Ministry of Health should be responsible. This would be the case for England and Wales, but, as their Lordships knew, the Minister of Health did not have power in Scotland or Ireland. Therefore three Bills were necessary, and three Registers. To meet that point

there was a reciprocity clause in the Bill so that there would be no difficulty for a nurse in one part of the kingdom to get her qualification recognised in another part of the kingdom.

Lord Sandhurst, without taking the House through the details of the agreed Bill (well known to the readers of this Journal) then explained its principal provisions. He concluded:—

Having watched this controversy with regard to nurses—sometimes disproportionately acute—for upwards of a generation, it is a very great pleasure to me to ask your Lordships to read a second time a Bill which I think will lay this long struggle to rest; and knowing, as we all do, what nurses are—it is a noble profession, of course, and I consider it is the gentlest and most humane profession that exists—if without detriment to the public and within the four corners of my Bill, the advantages which have been so constantly claimed for nurse registration prove to be to the advantage of that profession, I shall indeed be glad. I therefore hope that your Lordships will give a Second Reading to this Bill.

Moved, That the Bill be now read 2a.—(*Viscount Sandhurst.*)

LORD AMPHILL OFFERS SINCERE AND RESPECTFUL CONGRATULATIONS.

LORD AMPHILL then said:—My Lords, it would not be right if this Bill were to pass through the important stage of Second Reading without just a few words on behalf of those who have struggled so long and valiantly to bring about this reform. My object in rising, therefore, is to offer my sincere and respectful congratulations to His Majesty's Government, and particularly to the Minister of Health, for having contrived to bring about agreement in regard to this Bill. I envy my noble friend the pleasant task which has fallen to his lot of piloting an agreed Registration Bill through the House of Lords, because, like him, I remember all that has gone before of the controversy, in which I have had to take some part. I do not, however, grudge him the satisfaction he will feel when the Bill, as I hope, has been finally passed. My Lords, the nursing profession has risen steadily higher in public estimation, and nurses have become more and more indispensable to the whole community, both in peace time and war time, and it would have been deplorable if this year had been allowed to pass by without a settlement of this long-standing question. I am sure that those for whom I had the honour to act, and on whose behalf I had the honour of passing through this House a Nurses' Registration Bill practically identical in principle with this Bill, would blame me if I had not said these few words of thanks to His Majesty's Government.

"I AM A BEATEN MAN."

VISCOUNT KNUTSFORD said:—My Lords, Lord Amphyll said it would not be right if those who had been in favour of this Bill did not give it their blessing. It would also not, perhaps, be right if I, as one of those who for twenty years have opposed registration, also did not admit that I have

been defeated. I am sure that Lord Sandhurst knows that nothing that could help nurses would be opposed by me, but I want this House not to go away and think that this Registration Bill can be of the smallest use to them.

Nurses who belong to the good training schools, to-day, when they join this registration will find themselves herded together with a lot of nurses who have had very inferior training, and whose only excuse for being on the register is that they have been *bona fide* nursing the public. There is no instance known to us of voluntary registration being of the smallest use, and under this Bill registration is voluntary, and not compulsory. . . . There is nothing to prevent a woman calling herself a nurse and holding herself out to be a nurse. She is only prevented from calling herself a registered nurse.

My only object is to try and induce the Government to go a step further. The remedy is so simple. If you make registration compulsory—that is to say, if you stop any woman nursing for gain unless her name is on the register—then the public would have the protection which they have a right to expect. . . . My only reason for intervening in the debate, though I am a beaten man, is to beg the Government to go a little further, and let us have a compulsory and not a voluntary register, and a compulsory register in the sense that I have indicated.

THE EARL OF KINTORE added his congratulations to those which had been showered upon Lord Sandhurst on the happy termination of an agitation which had gone on for more than a quarter of a century, and expressed the disappointment of Scottish nurses that the Bill only applied to England and Wales, and that there would not be a single British Register of Nurses to apply to all the United Kingdom. He asked for a little time for the consideration of this point before the Bill went into Committee.

The Bill was then read a second time and committed to a Committee of the whole House.

NURSES' REGISTRATION (IRELAND) BILL.

The Order of the Day for the Second Reading of the above Bill was then read.

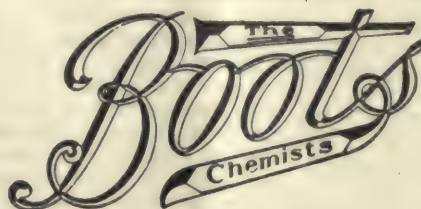
LORD SANDHURST explained that this Bill was practically the same as the Bill just passed, with the exception that the number of the Council was ten instead of twenty-five. The reason, he said, was that the Chief Secretary for Ireland was President of the Local Government Board and the controlling authority for insurance and health. The larger number of the English Council was due to the necessity of giving representation to the Privy Council and to the Board of Education. In Ireland there was no department corresponding to the Board of Education, and there were not so many associations corresponding to the nursing associations in this country.

The Bill was then read a second time and committed to a Committee of the whole House.

NURSES' REGISTRATION (SCOTLAND) BILL.

The Order of the Day for the Second Reading of

A Reliable Dispensing Service.



WE are greatly gratified by the constant appreciation of our Dispensing Service shown by the Medical Profession; and we are satisfied that the more widely its merits are known the more widely it will be used. The keynote of this service is reliability.

First : The Dispensing Department at each branch is under the charge of a fully qualified and experienced Chemist.

Second : The Dispensing Equipment at every branch is perfect — no makeshift apparatus or arrangements are permitted.

Third : All the Drugs and Pharmaceutical Products used are guaranteed. Our unique laboratory facilities at Headquarters enable us to maintain a very strict analytical control. Nothing is taken into stock unless it satisfies the most rigorous tests.

Fourth : The Drugs at every branch are always fresh. The extent of our business and our system of regular weekly supply ensures that nothing gets stale on our shelves. Medical men will recognise that the quality of freshness is secondary only to that of purity.

We have confidence in inviting you to send your Prescriptions to

Boots The Chemists

555 BRANCHES THROUGHOUT THE COUNTRY.

SIR JESSE BOOT,
Managing Director.

NOTTINGHAM

Head Office: STATION ST.,
NOTTINGHAM.

the Nurses Registration (Scotland) Bill was then read.

LORD SANDHURST moved that this Bill be read a second time. It was, he said, identical with the other Bill with the exception that the phraseology was different in order to meet what is customary in Scotland. The Council would be responsible to the Scottish Board of Health, and would be composed of fifteen members. His noble friend the Earl of Kintore raised two points. First, that the Scottish nurses objected to there being three Bills and three Registers. But the reason for that was that the powers of the Ministry of Health in England did not apply to Scotland. That explained the reason for the three Bills. In regard to the possibility of interchange, the No. 2 Bill required the Council to confer with the Scottish and Irish Councils with a view to identity of standard. It was desirable that there should be a uniform standard for all parts of the kingdom, and that was essential for reciprocity. In regard to not taking the Committee stage at once he had had a message from the Scottish Office to the effect that the Secretary of State desired he should not press this Bill in Committee next day, so he should await his further views before putting down the Committee stage.

He moved that the Bill be read a second time.

The EARL OF KINTORE then said:—Perhaps my noble friend will allow me to ask one question in regard to the Scottish Bill. I gather that the Bill is the same as the English one, but it seems to me that there are one or two differences. One is as to the regulation for appointing examiners. It is provided in the Scottish Bill that one of the examiners shall be a registered female medical practitioner. I fancy that there may be some objection taken to that in Scotland. However much we wish that women should have equal opportunity in the professions, I do not think that at the present moment women medical practitioners have any experience in teaching, lecturing or examining. I do not think that they have interested themselves much on the subject, and it is difficult to see why the clause should appear in one Bill and not in the others.

VISCOUNT SANDHURST replied that he was unable to answer that question at the moment, but there would be ample time to go into it in Committee.

LORD AMPHILL inquired why it was that what was described in the English Bill only as a misdemeanour was described in Clause 8 of the Scottish Bill as a crime and an offence?

VISCOUNT SANDHURST said it was due to difference in the legal expressions of the two countries.

The Bill was then read a second time, and committed to a Committee of the whole House.

THE ENGLISH AND IRISH BILLS IN COMMITTEE.

In the House of Lords on Tuesday, December 16th, the House went into Committee on the Nurses Registration (No. 2) Bill (England and Wales), and the Nurses Registration (Ireland) Bill.

On the No. 2 Bill (England and Wales) Viscount

Sandhurst moved an amendment on behalf of the Marquis of Crewe, bringing nurses in certified institutions for the mentally defective within the meaning of the Mental Deficiency Act, 1913, who possess a recognised diploma of proficiency in mental nursing, within the scope of the Act.

Lord Sandhurst also moved an amendment to enable the Council to constitute Committees and for authorising the delegation to Committees of any of the powers of the Council. The amendments were made, and the Report stage arranged for Wednesday, December 17th.

On the Irish Bill, amendments were moved in Committee in order to bring it into line with the English Bill.

Also an amendment to the Schedule constituting the Council, substituting the number of fifteen for ten, and providing that six instead of four persons should be appointed by the Chief Secretary having special knowledge and experience of the work of nurses, and nine instead of six nurses.

The amendments were made, and the Report stage arranged for Wednesday, December 17th, when the Committee stage of the Scottish Bill was also taken.

APPOINTMENTS.

MATRON.

Lewisham Municipal Maternity Home, Rushey Green, Catford.—Miss Elsa M. Marby has been appointed Matron. She was trained at Charing Cross Hospital, and has held the position of Sister there.

FIRST ASSISTANT MATRON.

The Institution, Woolwich Road, Greenwich.—Miss Maud L. Meager has been appointed First Assistant Matron. She was trained at Camberwell Infirmary, and the Hospital for Women, Soho, and has been staff nurse and Sister and Home Sister in Military hospitals, and Holiday Sister and Deputy Matron at the County Tuberculosis Hospital, Ware, Herts.

HEALTH VISITOR.

Cheltenham Borough.—Miss E. A. Wood has been appointed Health Visitor. She was trained at Chesterfield Infirmary, and has been Sister at Leeds Township Infirmary, and was a member of the Territorial Force Nursing Service during the war.

CHARGE SISTER.

Romford Union.—Miss Sarah Ann Cuthbert has been appointed Charge Sister. She was trained at the Hammersmith Infirmary, and has held the position of Staff Nurse at the St. Marylebone Infirmary.

HOME AND TUTOR SISTER.

The Queen's Hospital, Birmingham.—Miss Margaret H. Vincent has been appointed Home and Tutor Sister. Miss Vincent was trained at the Bristol Royal Infirmary, and has since held the following positions there: Ward Sister, Assistant Home Sister, and for the past three years Sister in Charge of the Preliminary Training School. She holds the certificate of the I.S.T.M.

SUPERINTENDENT NURSE.

Poor Law Infirmary, Chelmsford.—Miss E. A. Richardson has been appointed Superintendent Nurse. She was trained at the Mile End Infirmary, and has been Superintendent Nurse at the Union Infirmary, Pontefract, from May, 1911, to the present date.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss M. Wilson and Miss C. Tracey Smith have been appointed Nursing Sisters.

THE BELFAST INFIRMARY.

The Belfast Guardians referred back to the Infirmary Committee the question of appointing a lady superintendent nurse, and notice of motion was given for the appointment of Miss M. E. Campbell, assistant superintendent, for six months, at a salary of £175. Two English ladies had refused the position on the ground that the Superannuation Acts did not apply to Ireland, and Miss M. Kerr, Belfast, the other candidate, said she would not accept unless the board was unanimous. The M.O.'s had agreed that the salary should rise from £175 to £225, with rations and apartments.

SCOTTISH BOARD OF HEALTH.

EXAMINATION OF NURSES.

On November 4th and subsequent days the Scottish Board of Health held an examination for the certification of trained general nurses and of trained fever nurses. Two hundred and twenty-eight candidates presented themselves for examination. The examination was held at Glasgow, Edinburgh, Dundee, and Aberdeen. The following candidates have now completed the examination, and, subject to the completion of three years' training in hospital to the satisfaction of the Scottish Board of Health, are entitled to the certificate of efficiency granted by the Board:—

Certificates in General Training.—Eastern District Hospital, Glasgow—Carmina J. Carson, Helen A. Fergusson, Isabella Maciver, Charlotte S. Mackie. Govan Poorhouse Hospital, Glasgow—Mary J. Burnett, Agnes M. W. Caldwell, Catherine C. Cameron, Euphemia Forbes, Isabella Graham, Christina Sinclair, Annie M. Smith. Barnhill Poorhouse Hospital, Glasgow—Margaret Johnston, Kathleen Lang, Maggie F. M'Daid, Katie M'Govern, Annie W. P. Wilson. Paisley Poorhouse Hospital—Agnes M. Cheyne, Louisa F. C. Hunter, Jessie Noble, Mary M. Stewart. Craiglockhart Poorhouse Hospital, Edinburgh—Grace M. Ferguson, Mary Foy, Christina Miller. East Poorhouse, Dundee—Elizabeth Crichton. Aberdeen Poorhouse Hospital and East Poorhouse Hospital, Dundee—Donaldina St. C. Millar.

Certificate in Fever Training.—Belvidere Hospital, Glasgow—Stella M. M. Chalmers, Agnes S. M'Lean. Ruchill Hospital, Glasgow—Jean S. Hair, Mary Tulloch, Helen H. S. Young. County Hospital, Motherwell—Jessie M. Forrester. Gateside Hospital, Greenock—Bessie F. Robertson. Blawarthill Hospital, Yoker—Bessie Somers. Joint Hospital, Dumbarton—Isobel C. Anderson. Coathill Hospital, Coatbridge—Flora M. Todd. Fever Hospital, Dunfermline—Marguerite M. Barron, Charlotte Mowat. City Hospital, Edinburgh—Elizabeth P. Crooks, Eliza Croy, Jane Cummings, Mary I. G. Duff, Mary J. Fraser, Margaret Y. Gillespie, Isobel M. Gourlay, Gertrude Hall, Helen S. M'Dowall, Mary H. M'Lean, Flora MacVicar, Euphemia M. Pentland, Margaret W. Reid, May E. Robertson, Rachel B. H. Somerville, Janetta D. Thorburn, Mina W. Turnbull. King's Cross Hospital, Dundee—Mary Lobban. City Hospital, Aberdeen—Jessie J. Barron, Mary Campbell, Henrietta Churchman, Jessie Moggach, Elizabeth Murdoch, Christina M'Donald, Jean M'Kenzie, Alice M. Mackie, Agnes R. Scott, Eleanor C. Stalker.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

ARE MIDWIVES TRAINED NURSES?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In a letter to the Journal of November 29th re "Are Midwives Trained Nurses?" I reply decidedly "No," and only wish all practising midwives were trained nurses for the benefit of the poor in abnormal cases, where skilled nursing is so important for a good recovery.

Midwifery is easy when general training is completed.

A fixed standard of nursing is imperative.

Fortunately, we now have a "Ministry of Health." Public health visiting is health nursing, which mean better conditions for the nation.

S. A. Box, R.B.N.A., Certified Midwife.

59, St. Ann's Hill,

Wandsworth Common.

KERNELS.

Clara B. Myers: "The progress of the Nurses' Bill seems a miracle, but it is the answer to the prayers of all the good women who have worked for it with such devotion."

Ada C. Mostyn: "I agree with M. S. Thompson, 'Cheerio, B.J.N.' With the exception of our Registration organ, the whole Press has been against us—or indifferent to our just claims—for years. Do not let us forget this lesson. Bill or no Bill, let us loyally support the journal which has done so much to win it."

G. S. T.: "I also with 'C. M. B.' send my B.J.N. on, but only for a limited time to each friend I want to educate. If after six weeks she does not appreciate it enough to pay a penny halfpenny a week for it, and take it for herself, I test the professional conscience of another. As you know, I have planted out quite a number of copies. To pay money to companies of hospital governors and other laymen, running commercial nursing journals, to oppose everything I want, to have my colleagues insulted (as the College does by the bye), does not appear to me a business proposition. Personally I detest playing the part of cat's paw."

TO ADVERTISERS.

Please notice that owing to the Christmas Holidays, this Journal will go to press on Tuesday, December 23rd, instead of Wednesday, December 24th. All advertisements to secure insertion in our issue of December 27th, must therefore be received by Tuesday morning, December 23rd, at latest.

OUR PRIZE COMPETITION.

December 20th.—What is the origin of quinsy, and how is it treated?

December 27th.—Describe the appearance of the skin in (a) eczema, (b) psoriasis, (c) ringworm, (d), lupus. How are these diseases treated?

The Midwife.

PROVISION OF BEDS FOR MATERNITY CASES.

At a meeting of the Section of Obstetrics and Gynæcology of the Royal Society of London, held in London on December 4th in connection with a discussion on the report recently published on the "Teaching of Obstetrics and Gynæcology," Dr. Russell Andrews said that it was the misfortune, not the fault, of the overworked and inadequately paid doctor that his midwifery training was even more inadequate than his fee. A woman in labour would often be safer under the care of a midwife than under that of a doctor.

Sir Robert Morant, who was present, said that the Ministry of Health needed the expert advice of doctors on several very important points. The provision of beds was at present quite haphazard, not at all in proportion to the public need. If the provision was to be systematic in the future, the survey would also have to be systematic, and existing facilities for the accommodation of women in labour would have to be reckoned with. Teaching was very important, but the whole of the existing hospital system would have to be analysed. Some suggested that patients were kept in town unnecessarily long, and that convalescents at an early stage should be moved by motor ambulances to the periphery. The provision of hospitals, where needed, was a huge problem in itself, and was becoming complicated, as regards maternity patients, by the establishment of ante-natal centres. The Ministry of Health was already being asked to provide beds in connection with these centres. Small lying-in hospitals with twenty beds in connection with welfare centres might be more useful in training midwives than students. He thought that a considered scheme on the whole problem of the provision of hospitals was disastrously overdue. London was an especially difficult area to tackle, as its hospital accommodation was under so many different authorities. The Ministry of Health was there to disburse money in connection with the schemes of the local authority, but was also ultimately responsible for the whole Metropolitan area.

Dr. G. F. Blacker considered that a bed should be available for any woman who desired to be confined in a lying-in hospital.

The trouble is that so many married women who would be the better for rest and care in a hospital, are unwilling to leave their homes, where they consider they can keep a general supervision. Over and over again this unwillingness of many expectant mothers to go into hospital, because they do not wish to leave their homes, is met with by maternity nurses and certified midwives. It is quite certain that the good food and continuous nursing received in hospital aid immensely in the

building up of the strength of a lying-in woman, that those who have once had experience of hospital care are aware of this, and if they studied their own welfare, instead of that of their families, they would enter maternity hospitals or homes. The problem is the care of husband and children, and in the mother's interest some satisfactory provision should be available.

TRAINING OF MIDWIVES.

The Board of Education has notified that the draft, dated September 19th, of the regulations for the training of midwives has been confirmed without amendment, and thus becomes "The Board of Education (Midwives' Training) Regulations, 1919." Copies can be purchased through any bookseller (price 1d.).

MATERNAL IMPRESSIONS IN NEW MEXICO.

In the November number of *Man* Elsie Clews Parsons gives an account of the customs relating to childbirth as practised in the Indian town of Zuñi, New Mexico, which is summarised in the *Lancet* of Dec. 13th. If a child has a rash it is due to the fact that before its birth the mother tested the heat of her oven by sprinkling bran in it. To cure the rash the mother soaks some bran in water and rubs it over the baby. If the baby has sores, which look like the spots of paint on a mask which the mother has seen worn by the father during her pregnancy, the rash is said to be cured by putting spots of paint on the baby and, at the same time, on the mask, like curing like being a characteristic of Zuñi thought. Marks seen by the mother in her pregnancy may also cause disfigurement in the baby, in which case the father puts on the mask, dances till he sweats, and with his sweat the baby is anointed. If a baby cries a great deal it is because its father sang a great deal before it was born, and for such crying there is no remedy. Other curious beliefs are the changing of the unborn girl into a boy, should a man be present in the lying-in chamber; movements of the foetus on the right side the sign of a girl, and on the left side the sign of a boy; and the swallowing of a bean to produce easy delivery. The idea in the latter case is that just as the bean slips down with ease, so the delivery will be easy.

VERSE.

A MOTHER TO HER FIRST-BORN.

Like other babies? Never! In your eyes
Shine all the glories of last summer's skies;
From that small face glow all the dawns that were,
All the shy moons that made my girl's heart stir.
Your hands are roses, pink like those that he
Pinned to my breast the night he said to me:
"I love you!" Mine, oh, mine! To look at you
Is to have all my dream of love come true.

—Richard Butler Glaenzer.

THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 1,656.

SATURDAY, DECEMBER 27, 1919.

Vol. LXII

LE ROY LE VEULT.

The King wills it. "Le Roy le Veult." So runs the quaint old Norman French, in which the King's Assent is given to Acts of Parliament before they become law.

The King wills that the Nurses for the Sick in the United Kingdom shall be raised to the dignity of a Profession having legal status. That was the proud privilege conferred by the Royal Assent to the Nurses Registration Bills in the House of Lords on Tuesday, December 23rd. The trained nurses whose high privilege it was to be present on this historic occasion, when with dignified ceremonial the King's Will was proclaimed, were filled with unutterable thankfulness that the goal towards which they had striven for so many years was attained at last, and that power was conferred on the Profession of Nursing to fit itself to worthily fulfil its responsibilities to the community, which should be the aspiration of every Registered Nurse.

It was a day surcharged with emotions, a day which we thank God we have lived to see.

CONGRATULATIONS TO ALL MEMBERS OF THE PROFESSION OF NURSING.

Immediately following the declaration of the Royal Assent to the Nurses Registration Bills in the House of Lords, we received the following telegram from Her Royal Highness, Princess Christian, which we publish with sincere pleasure, and, in the name of the Nursing Profession, we offer to Her Royal Highness an expression of its loyal duty, and sincere appreciation of the interest she has always taken in its welfare and aspirations.

*To the Editor of the British Journal of Nursing.
20, Upper Wimpole Street, London.*

Please convey through the medium of the "British Journal of Nursing," my sincere congratulations to all Members of the Profession of Nursing on the passage of the Bills for the State Registration of Nurses.

HELENA,
President of the Royal British Nurses' Association.

THE LAST ACT IN THE DRAMA.

"HATS OFF, STRANGERS."

We British people have reason to be proud of our "House"—the "People's House"—probably the most beautiful block of Parliament buildings in the world, and certainly one portion of it (Westminster Hall) is richer in historic interest and antiquity than any other. There are two classes of women in the British Isles who are better acquainted with it—inside and out—than most others. They are Suffragists and Trained Nurses. They have haunted it—and the consciences of the male members of it—for years. Knowing something of the Bill of Rights, which declares "that it is the right of the subject to petition the King or his representative" (his Prime Minister and others), they have, during a campaign of many years, characteristically put the rusty machinery of the law into motion and made it work. The main object of the two groups of women has been identical, namely to obtain the elemental right of freedom. The Suffragists have fought for political enfranchisement, and the trained nurses, who are logically Suffragists, have done the same for professional enfranchisement. The result has been victory for both after a hard fight. We are, however, chiefly concerned with the trained nurses' battle. *November 21, 1887.* Don't forget it, my sisters, for it is a red-letter day. It was on this historic day that the great spade-work of the reform began; the great agitation organised by the pioneers, followed by the great opposition which kept back the final achievement of purpose for so many years. Acting upon our prerogative contained in the Bill of Rights, we have petitioned the King—in the persons of his representatives—not once nor twice, but many times, in person and in writing. We have had a cherished Bill for State Registration before the House for fifteen years. Victory has been in sight many times, almost within our grasp. We have had to fall back to bring up fresh reinforcements of money (subscribed by ourselves), energy, courage, hope, and patience, and attack again and again the foe of opposition, as he assumed different beguiling forms. But "who will count the billows past?" It has all been worth while; we have overcome and won a great victory, and perhaps we are the stronger for the struggle. There are a few names in this connection which should be inscribed in letters of gold by the future chronicler of this great reform. These and similar thoughts revolve in our mind as we wait in the spacious central hall

of the "New Palace of Westminster" with our hearts throbbing with joyful expectancy. There is plenty for the observant eye to notice in the interval, in this octagonal-shaped hall, so richly decorated with Venetian mosaics and heraldic emblems, in frequent repetition, of the English crown—the rose, shamrock, thistle, portcullis and harp. To ponder for a moment over the maxim of the House inscribed around the handsome mosaic pavement is also no waste of time: "Except the Lord build the house their labour is but lost that build it." Then we examine the niches at the sides of the portals, bearing statues of English sovereigns. There is the strong man, Edward I., in whose reign the "model Parliament" was set up at Westminster in 1295, and there is his weak father, Henry III., and his wicked grandfather, John. At the sight of him we bridge over the centuries and enact the historic scene at Runnymede in vivid imagination. Those stern, just men stand around the tyrant King, and compel him to sign the great Charter of liberty and justice, and we hear the echo, rebounding down the centuries, of those potent words upon which all our political system is founded, one of the three main sections of the Charter. Listen in reverence to the great truth:—

To none will we sell, to none deny, to none delay right or justice.

We are abruptly roused from our reverie—"Hats off, hats off, Strangers!" The hall is full of men and women. Off go the hats of the men, and all form themselves into an avenue and turn their eyes towards the Peers' corridor, whence comes a small procession, in the following order:—

One Police Inspector;
The Senior Doorkeeper, in evening dress;
Black Rod, the Gentleman Usher, in Court dress.

Crossing the hall they arrive at the door of the House of Commons, and Black Rod humbly knocks, for the door has been shut in his face. The Serjeant-at-Arms announces to the Speaker that there is a message from the House of Lords. The Speaker gives permission to enter. He approaches to the Bar and there delivers his message, which is to summon the Commons to the House of Lords to witness the Royal Assent to certain Bills, three of which are of special interest to a group of watchers in the hall—the Bills for the State Registration of Nurses for the Sick. The supreme moment has arrived; the romance of it all appeals to us, and our hearts throb anew as we await the return of the messenger and his escort. Here they come. This time it is the Royal proces-

sion, for the act to be performed is on behalf, and in the name of, the King:—

1. Two Police Inspectors, with bared heads, saying in loud sonorous tones, "Hats off, strangers!"
2. The Serjeant-at-Arms carrying the mace;
3. The Speaker and his train-bearers;
4. Two Clerks of the House of Commons;
5. Black Rod, carrying his black staff surmounted by a golden lion;
6. Cabinet Ministers;
7. Ordinary Members (a few of them).

They pass in dignified silence through the avenue of His Majesty's loyal subjects and enter the House of Lords, followed by that little group of interested women. The Royal Assent, when not given by the King in person, is given by a Commission of Peers appointed for the purpose. The Clerk of the Parliament reads the Assent. It is given in quaint old French—"Le roy le veult" (the King wills it). A swift stroke of the pen, preceded by this beautiful bit of symbolic ritual, and the culminating touch is put to the victory of the trained nurses. The seal is set which makes it law. Our hearts go out in gratitude to all the Members of both Houses whose sense of justice induced them to support our claim. More especially are we indebted to Lord Amptill and Major Barnett, whose whole-hearted devotion to our cause has done so much to gain the final victory; our debt to them we are most happy to record.

BEATRICE KENT.

THE NURSES' REGISTRATION ACTS.

THE NURSES REGISTRATION BILLS IN THE HOUSE OF LORDS.

Last week we reported the progress of the Nurses Registration Bills in the House of Lords up to Tuesday evening, December 16th, when the English and Irish Bills, as amended, passed through the Committee stage.

December 17th.

On Wednesday evening, December 17th, or rather at 12.45 a.m. on Thursday morning, the three Bills were further considered.

NURSES REGISTRATION (No. 2) BILL (ENGLAND AND WALES) REPORT STAGE.

The Amendments to the Nurses Registration (No. 2) Bill were reported according to Order.

LORD SANDHURST then said he had some amendments, but assured the House that they were drafting amendments, and did not alter the principle of the Bill. He therefore moved them *en bloc*.

The first amendment referred to Clause 3, which provides that Rules made under this section shall be laid before each House of Parliament, that if

an address is presented to His Majesty by either House praying that a Rule may be annulled or modified, His Majesty in Council may annul or modify the Rule, and if annulled it shall thenceforth be void. The new words added by Lord Sandhurst were, "And if modified it shall thenceforth have effect as so modified."

In Clause 6, dealing with admission to the Register of persons trained outside the United Kingdom, Lord Sandhurst's amendment substitutes for the words "registered as a nurse" the words, "registered either generally as a nurse for the sick, or as a nurse of some special class."

Drafting amendments were also made in Clause 8, which deals with the Penalties for unlawful assumption of the title of Registered Nurse and for falsification of the Register.

The Amendments were agreed to, and the Bill ordered to be read a third time on Thursday, December 18th.

NURSES REGISTRATION (IRELAND) BILL, REPORT STAGE.

The Amendments to the Bill were reported according to Order.

LORD SANDHURST moved *en bloc* amendments to the Bill which he said were also drafting amendments, and which were practically the same as those to No. 2 Bill.

NURSES REGISTRATION (SCOTLAND) BILL IN COMMITTEE.

The House then went into Committee on the Nurses Registration (Scotland) Bill, according to Order.

LORD SANDHURST said, "The object of the Amendments standing in my name is to bring the Bill into conformity with the other measures. I only wish to call attention to the Amendment in Clause 3, page 2, line 30, which leaves out that part of the clause which had to do with a lady being one of the examining body. I have put this Amendment in at the request of Lord Kintore, who would have moved it, if he had been present."

The Amendments, including that to which Lord Sandhurst specially called attention, were then agreed to, and the Report ordered to be received on Thursday, December 18th.

December 18th.

THIRD READING OF THE THREE BILLS IN THE HOUSE OF LORDS.

On Thursday, December 18th, the Nurses Registration (No. 2) Bill was read a third time, and passed, and returned to the Commons.

The Nurses Registration (Ireland) Bill was read a third time. Lord Sandhurst moved two drafting amendments which were agreed to, upon which he moved further "that the Bill do pass." The Bill was then passed and returned to the Commons.

Amendments to the Nurses Registration (Scotland) Bill were then reported according to Order. Then (Standing Order XXXIX having been suspended) the Bill was read a third time and passed and returned to the Commons.

THE NURSES' REGISTRATION BILLS IN THE HOUSE OF COMMONS.

December 19th.

NURSES REGISTRATION (NO. 2) BILL.

On Friday afternoon, December 19th, in the House of Commons, the Lords Amendments to the three Bills were considered.

On the Nurses (No. 2) Registration Bill, MR. J. M. HOGGE (Edinburgh, E.) asked, "Would my right hon. Friend tell us what is the general effect of these Amendments?"

DR. ADDISON (Minister of Health) replied, "There are no Amendments of substance. They are all drafting Amendments to carry out the understanding given on Report."

The SPEAKER then moved, "That this House doth now agree with the Lords' Amendments," and this was done.

NURSES REGISTRATION (IRELAND) BILL.

On the consideration of the Nurses Registration (Ireland) Bill, the Attorney-General for Ireland (MR. DENIS HENRY) explained that with one exception the Amendments were Amendments to bring the Irish Bill into line with the English Bill. No substantial change was suggested. That exception occurred in the Schedule in connection with the Constitution of the Council. As originally proposed, the Council on its first constitution was to be composed of four persons appointed by the Chief Secretary, and six more after consultation with such associations, or organised bodies of nurses or Matrons, who represent that they desire to be consulted in the matter. The Lords' Amendments raised the four to six, and the six to nine. By an oversight, however, a consequential Amendment altering the total of ten to fifteen was not made. Therefore, if the House decided to agree with the Lords' Amendments, he would move a consequential Amendment repairing that oversight.

The Lords' Amendments were then agreed to, and also the consequential Amendment moved by the Attorney-General for Ireland.

NURSES REGISTRATION (SCOTLAND) BILL.

The Lords' Amendments to the Nurses Registration (Scotland) Bill were then considered and agreed to.

THE THREE BILLS RECEIVE THE ROYAL ASSENT.

On Tuesday, December 23rd, at the Prorogation of Parliament, by a Royal Commission, in the House of Lords, the Royal Assent was given to the three Nurses Registration Bills for England and Wales, Scotland, and Ireland, conferring Legal Status on the Nurses of the United Kingdom, and raising Nursing into a legally constituted Profession.

PRINCIPAL POWERS AND PRIVILEGES GRANTED TO THE NURSING PROFESSION IN THE ACTS.

1. The establishment of a General Nursing Council to prescribe standards of nursing education and training.

2. Regulating the conduct of examinations.

3. Regulating the formation, maintenance, and publication of the Register.

4. Providing for the adequate direct representation of Registered Nurses on their own Governing Body with a majority of voting power.

5. The protected title of Registered Nurse.

6. Provision for the institution of a protected Uniform and Badge.

7. Power of appeal to the High Court of Justice.

8. Disciplinary powers to maintain the honour and well-being of the Profession.

The Nurses Registration Acts are published by His Majesty's Stationery Office, and can be purchased through any bookseller, or directly from H.M. Stationery Office at the following addresses: Imperial House, Kingsway, London, W.C. 2, and 28, Abingdon Street, S.W. 1; 37, Peter Street, Manchester; 1, St. Andrew's Crescent, Cardiff; 23, Forth Street, Edinburgh; or from E. Ponsonby, Ltd., 116, Grafton Street, Dublin, price 2d. net.

OUR PRIZE COMPETITION.

WHAT IS THE ORIGIN OF QUINSY AND HOW IS IT TREATED?

We have pleasure in awarding the prize this week to Miss Lilian Hayward, 48, Culverdon Park Road, Tunbridge Wells.

PRIZE PAPER.

Quinsy is the popular name for acute parenchymatous tonsillitis, or diffuse inflammation, not limited to tonsils only, but affecting the soft palate and fauces.

Some persons are very liable to this affection, and are attacked by it whenever they get a chill, or sometimes as the result of a slight stomach disorder; others suffer from a chronic enlargement of the tonsils, and acute inflammation often occurs. Quinsy appears to occur more frequently during the autumn months than at other times during the year, and is more often found between the ages of fifteen to twenty-five than at other ages, and is comparatively rarely seen in children, and adults over the age of forty-five; it is often caused by the inhaling of foul air caused by the escape of sewer gas into a house.

The usual symptoms connected with quinsy are an enormous increase in size of tonsil, which forms a red shining mass projecting into the fauces, and which may be felt in the neck; there is much pain in the side of the neck, which may extend to the ear, this is increased by any attempt being made to swallow; there is usually a profuse secretion of saliva, the tongue is coated with thick mucus, and the voice is nasal and thick. The disease comes on suddenly, and is accompanied by chills, high fever, headache, aching of limbs, pulse 100 to 120, full and bounding, temperature 100-103°F.

sometimes reaching 105° F., in some cases albumen is found in the urine.

Quinsy may be occasionally mistaken for diphtheria, scarlet fever or erysipelas of the fauces.

It is distinguished from diphtheria by the fact that the mucous secretion from the tonsil may resemble diphtheritic secretion, yet in quinsy it can easily be detached with a camel hair brush while in diphtheria it is firmly adherent.

From scarlet fever, quinsy is distinguished by the absence of red tongue and characteristic rash.

From erysipelas of the fauces it is more difficult to distinguish, but it is usually found that the redness is more concentrated, and the oedema less marked and more limited.

The prognosis for quinsy is good, the disease either subsiding, or advancing to the formation of an abscess which either breaks or is lanced, and thick pus escapes; there is then rapid relief from all symptoms. The ordinary duration is three to four days, but if both tonsils are affected it may be lengthened to ten to twelve days.

In very exceptional cases it has been found that a tonsillar abscess has invaded the carotid artery and fatal hæmorrhage has occurred.

TREATMENT.

Treatment for quinsy should always be commenced by a good purge, preferably calomel, for this has a secondary effect in reducing enlarged glands.

The patient should be kept in bed in a warm room, but care should be taken to see that the room does not become stuffy in one's effort to keep an even temperature; relief may be given by application of cold compresses and ice may be sucked, but when an abscess is in formation the course of the disease may be hastened by hot fomentations and inhalation of steam from hot water 150° F. to which creosote or tincture of benzoin 3i to Oi has been added. The throat may be sprayed with cocaine when swallowing is very difficult.

When the abscess is at its height it may be opened, and though this is not the work of the nurse, it should always be borne in mind that in opening a tonsillar abscess one has to work in very close proximity to the carotid artery, and all necessary precautions should be taken (such as having artery forceps, adrenalin, &c., in readiness) should such an unfortunate event take place.

In the event of the patient refusing surgical interference, an emetic will usually bring about the desired effect of opening the abscess.

The patient should be given frequent gargles and mouthwashes, and as much stimulating and nourishing fluid as he can be persuaded to take, such as beef tea and thin Benger's Food, and barley water if there is any albumen in the urine.

After an attack of quinsy the patient is usually given a course of iron or other tonic.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Hilda R. Bradley, Miss E. O. Walford, Miss M. James, Miss P. Thompson, Miss J. Robbins.

QUESTION FOR NEXT WEEK.

Describe the appearance of the skin in (a) eczema, (b) psoriasis, (c) ringworm, (d) lupus. How are these diseases treated?

NURSING ECHOES.

The President of the Society for the State Registration of Trained Nurses, Editor of THE BRITISH JOURNAL OF NURSING, desires to thank her very numerous correspondents for their kind telegrams and letters on the passing of the Nurses' Registration Acts. She feels sure that owing to the tremendous pressure of work in connection with the final stages of the Bills in Parliament, they will accept her very cordial thanks through the medium of this JOURNAL.

It gives us great pleasure to announce that a Service of Thanksgiving for the passing of the Nurses Registration Acts will be held, early in the New Year, at St. Paul's Church, Covent Garden, Bedford Street, Strand, W.C., by permission of the Rector, the Rev. the Hon. Canon Adderley.

We hope to give further particulars in our issue next week. Meanwhile we feel sure that those nurses who realize how much the raising of nursing standards will prevent and lessen human suffering, will wish to take part in this public act of thanksgiving.

Already we are receiving letters from Sisters and Nurses suggesting that opportunities may be afforded for explanation of the provisions of the Nurses' Acts, as they express the opinion that "reading about them is one thing, but personal explanations and replies to questions another." This thirst for knowledge shows a wholesome interest in professional affairs, and, after new year, meetings will be arranged to explain the provisions and effects of the Acts, notice of which will be given in this JOURNAL.

Coming events cast their shadows before. Miss Juliet Curtis, late Sister Colston at St. Bartholomew's Hospital, has been appointed Examiner in Practical Nursing in the final examination of nurses at the above hospital.

When the State examinations are instituted by the General Nursing Councils, a new and extremely interesting branch of work will be open to trained nurses, for which they must soon begin to qualify themselves, *i.e.*, for appointments as Examiners in Practical Nursing. These should be honourable, well-paid posts, which should attract well-educated and highly trained nurses with the faculty of teaching.

As we reported, during the discussion of the Scottish Nurses Registration Bill in the House of Lords, exception was taken by the Earl of Kintore to a provision in the Bill securing to a medical woman the position of examiner in nursing under the Act. The nurses present thoroughly sympathised with the contention of the noble Earl if he was alluding to skilled nursing: "However much we wish that women should have equal opportunity in the professions, I do not think that at the present moment women medical practitioners have any experience in teaching, lecturing, or examining. I do not think that they have interested themselves much in the subject."

What the nurses will require will be that their teachers and examiners under the Acts, both in the theory and practice of nursing, shall be highly qualified for their responsible positions, and we contend that both the teaching and examining in practical nursing should be conducted by experts—the Registered Nurses themselves.

Great preparations were made in hospitals and infirmaries this year to keep Christmas in right royal style. The day of decorations, with dust-gathering greenery, has given place to a form more suited to institutions devoted to the care of the sick. But the wit of Sisters and Nurses finds a way to hold high festival, and patients and staff alike enjoy the sacred season.

Mr. Walter Child Clarke, of Boscombe, has given £10,000 for a nurses' home for Bournemouth Hospital.

An important judgment concerning the responsibility of a railway company for travellers' luggage deposited in their cloak room was given recently at the Birmingham County Court which trained nurses will do well to note.

The plaintiff, Miss Gladys Kathra, a nurse, sued the Joint Committee of the London and North Western and Midland Railway Companies to recover £64. 4s., the value of a suit case containing personal belongings which the plaintiff deposited in the cloak room at New Street Railway Station, and which was not restored to her.

The plaintiff's case was that she placed the suit case in the cloak room on Platform 4 whilst she went to get hotel accommodation; when, three hours later, she returned for her bag, it had gone, and has since been declared lost.

The counsel for the railway companies contended that they were not liable, because on the back of the ticket given to the plaintiff when 2d. was paid were the printed conditions of acceptance in which the committee repudiated responsibility in respect of any article deposited of which the value exceeded £5, unless when deposited the true nature and value of the article were declared, and 1d. per £1 of the declared value paid each day, or part of a day, in addition to the cloak room charges. The Judge, in giving judgment for the railway companies, said that the law applicable to the facts was beyond controversy. The plaintiff was not entitled to recover. She did exactly what a large number of travellers did daily, but they took the risk, which in this particular case had proved disastrous. The printed conditions on the ticket were the terms of contract, and while he felt sympathy with the nurse, the verdict must go against her.

HONOURS FOR NURSES.

The King has given orders for the following appointments to Orders, for valuable services rendered in connection with Military Operations, dated June 3rd, 1919:—

FRANCE.]

ORDER OF THE BRITISH EMPIRE.

O.B.E. (MILITARY DIVISION).

Appleton, Miss E. E., Acting Sister, Q.A.I. M.N.S.R.

THE ROYAL RED CROSS (SECOND CLASS).

Miss G. E. G. Bell, V.A.D., Queen Alexandra Hosp., Dunkirk; Miss E. S. Surman, Sister, Queen Alexandra Hosp., Dunkirk; Miss G. Youatt, Sister, Queen Alexandra Hosp., Dunkirk.

ITALY.

ORDER OF THE BRITISH EMPIRE.

O.B.E. (MILITARY DIVISION).

Croft, Miss G. M., Commdt. V.A.D.

THE ROYAL RED CROSS (FIRST CLASS).

Mrs. F. E. McEwan, Sister-in-Charge, Q.A.I. M.N.S.R.

SECOND CLASS.

Miss W. Johnson, Sister, T.F.N.S.; Miss N. A. Maling, Sister-in-Charge, Q.A.I.M.N.S.R.

BALKANS AND ARMY OF THE BLACK SEA.

THE ROYAL RED CROSS (FIRST CLASS).

Miss L. E. Barrow, A.R.R.C., A./Matron, Q.A.I.M.N.S.R.; Miss E. I. E. Jones, A./Matron, Q.A.I.M.N.S.R.; Miss M. Wright, Sister-in-Charge, Q.A.I.M.N.S.R.

SECOND CLASS.

Miss E. K. Brangwin, Sister, Q.A.I.M.N.S.R.; Miss H. L. Carpenter, Sister, Q.A.I.M.N.S.R.; Miss A. Dobson, Staff Nurse, T.F.N.S.; Miss S. R. Finlay, Sister, Q.A.I.M.N.S.R.; Miss B. G. Graham, Sister, Q.A.I.M.N.S.R.; Miss H. M. Hamilton, Sister, T.F.N.S.; Miss M. E. G. Jennings, Staff Nurse, T.F.N.S.; Miss M. C. Mann, Sister, Q.A.I.M.N.S.R.; Miss M. Symington, Sister, Q.A.I.M.N.S.R.; Miss M. M. Walker, Staff Nurse, Q.A.I.M.N.S.R.

EAST AFRICA.

THE ROYAL RED CROSS (SECOND CLASS).

Mrs. A. M. Muggeridge, Matron, King's Afr. Rif. Convalescent Homes.

INDIA.

THE ROYAL RED CROSS (SECOND CLASS).

Miss E. G. Browne, Sen. Nursing Sister, Aust. Army Nursing Service; Miss M. E. T. Hornsby, Nursing Sister, Q.A.M.N.S.I.; Miss V. Steel, Nursing Sister, Aust. Army Nursing Service; Miss L. T. A. White, Nursing Sister, Q.A.M.N.S.I.

OTHER AWARDS.

BAR TO THE ROYAL RED CROSS.

Miss S. A. Stevenson, R.R.C., Matron, T.F.N.S. (substituted for notification of the Royal Red Cross, 2nd Class, in *Gazette*, of October 24th, 1917).
Miss E. Russell, R.R.C., Matron, No. 15, Canadian General Hospital, Taplow.

Miss E. A. Conyers, C.B.E., R.R.C., Matron-in-Chief, A.A.N.S.

THE ROYAL RED CROSS (FIRST CLASS).

Miss E. M. Beverley, Matron, Epping Mil. Aux. Hosp.; Miss L. S. Clark, Matron, Whipps Cross War Hosp., Leytonstone; Miss L. Drewitt, A.R.R.C., Matron, General Infirmary, Macclesfield; Miss E. M. Fox, Matron, B.R.C.S.; Miss A. Guest, Matron, Aux. Mil. Hosp., Tranmere, Birkenhead; Miss R. Paul, Matron, Wellington Infirmary Aux. Hosp.; Miss E. Price, Acting Matron, A.R.R.C., Highfield Mil. Hosp., Knotty Ash, Liverpool.

Australian Army Nursing Service.—Miss A. M. Cooper, A.R.R.C., Matron; Miss L. C. Pratt, A.R.R.C., Head Sister; Miss E. M. Strickland, A.R.R.C., Matron.

SECOND CLASS.

Miss G. V. Ashton, V.A.D. Nurse, Romford Union Aux. Mil. Hosp.; Miss P. M. Ashton, V.A.D. Nurse, Romford Union Aux. Mil. Hosp.; Miss E. Bromley, Sister-in-Charge, Rock Spa Aux. Mil. Hosp.; Miss E. J. Carter, Matron,

Stepping Union Infirmary, Shoreham-on-Sea; Miss M. Cattley, V.A.D., St. John, V.A.D. Hosp. Hull; Mrs. H. Dean, V.A.D. Nurse, Romford Union Aux. Mil. Hosp.; Miss G. V. M. Fitch, V.A.D. Nurse, Romford Union Aux. Mil. Hosp.; Miss M. E. Hagarty, Sister, Whipps Cross War Hosp., Leytonstone; Miss M. I. Hooper, Vice-Matron, Spec. Surg., Mil. Hosp., Woburn; Miss A. J. Hotchkiss, Sister, Nell Lane Mil. Hosp. West Didsbury, Manchester; Miss M. E. Jones, Sister, Whipps Cross War Hosp., Leytonstone; Miss M. E. Jones, Asst. Matron, Whipps Cross War Hosp., Leytonstone; Mrs. E. Kenyon, Assistant Matron, Nell Lane Mil. Hosp., West Didsbury, Manchester; Miss F. H. Loudon, Sister, Nell Lane Mil. Hosp., West Didsbury, Manchester; Miss H. J. Merrifield, Sister, Whipps Cross War Hosp., Leytonstone; Mrs. M. Pollitt, Sister-in-Charge, Nell Lane Mil. Hosp., West Didsbury, Manchester; Miss J. H. Purvis, Sister, Nell Lane Mil. Hosp., West Didsbury, Manchester; Miss M. Robson, V.A.D. Nurse, Romford Union Aux. Mil. Hosp.; Miss C. Small, Acting Night Supt., Highfield Mil. Hosp., Knotty Ash, Liverpool; Miss A. Smithin, Sister, Special Surgical Mil. Hosp., Woburn; Miss E. S. Smyth, Sister, Q.A.I.M.N.S.R., Prisoners of War Hosp., Belmont; Miss R. Thompson, Sister, Nell Lane Mil. Hosp., West Didsbury, Manchester; Miss E. Upfold, Sister, Whipps Cross War Hosp., Leytonstone; Mrs. K. Watson, Sister, Whipps Cross War Hosp., Leytonstone; Miss F. E. Wrapson, Sister, Whipps Cross War Hosp., Leytonstone; Miss E. York, Sister, Whipps Cross War Hosp., Leytonstone.

SOCIETY FOR THE STATE REGISTRATION OF NURSES.

A General Meeting of Members of the above Society will be held on Thursday, January 8th, at 11, Chandos Street, Cavendish Square, 4 p.m.

1. To receive a Report on the passing of the Nurses' Registration Acts, and take such action as may be desirable.

2. Votes of thanks.

An expression of sincere gratitude was sent on Monday by the President, in the name of the four thousand members of the Society, to members of both Houses of Parliament for the passing of the Nurses Registration Acts.

RESIGNATION.

Miss E. M. Bann, R.R.C., has resigned the position of Matron of the Brook Hospital (M.A.B.), Shooter's Hill, which she has held since 1906, during which she has gained a high reputation as a most efficient administrator. During the war the Brook Hospital was taken over by the Military Authorities as a War Hospital, and it was for her services in this connection that Miss Bann was awarded the Royal Red Cross (First Class).

THE EDITH CAVELL HOMES OF REST FOR NURSES.

We learn from the annual report of the Edith Cavell Homes of Rest for Nurses that further annual subscribers to the Homes, or donations to the Fund, are urgently required.



COOMBE HEAD, HASLEMERE.

There are now four beautiful Homes open in which practising women nurses or probationers may have temporary rest, and the Homes are constantly full.

In November, 1916, an appeal was issued for £30,000 to endow a Home at Coombe Head, Haslemere, which had been presented by a generous donor, and where about 100 nurses can be given a month's rest in the course of

Grange, Tewkesbury, and for a time at Winton House, Richmond. The Fund is therefore now in a position to provide a month's rest for about 600 nurses in the course of the year, and even this does not meet the present need, as the strain of service on nurses during the great war has been much more serious than was at one



LITTLE WYCH, BRIDPORT.

time anticipated. In these circumstances the Council of the Fund appeal with confidence for further funds to enable them to maintain all their present Homes, and immediately to provide further accommodation for at least an additional 500 nurses yearly.

The aim of the promoters is to provide rest, privacy, home-like surroundings, good food, cheerful companionship, with an entire absence



THE RAVEN HOUSE, ADDERLEY.

the year. The appeal met with such encouraging response from all parts of the Empire that the Home is now fully endowed, and under the superintendence of Miss Hurlston, fulfils its purpose admirably. It is a real home in every sense of the word.

Other generous benefactors have provided further accommodation at Little Wych, Bridport, Raven House, Adderley, The Mythe



THE MYTHE GRANGE, TEWKESBURY.

of institution life. This, of course, can only be done by providing a beautiful house and garden, not more than a dozen inmates to cater for, so that the matrons and staff may act as hostess and helps, and the charm of the home circle may be maintained. This is not a cheap system, and as nothing which is cheap is ever very good, we hope the principle of home life will be preserved at the Edith Cavell Homes—it is the one essential of their success.

"VIVE LA BELGIQUE, VIVE LE R-"

Who would not feel it a privilege to contribute to the monument to be erected to the memory of the Belgian patriot, Mlle. Gabrielle Pettit, who suffered the same fate as Edith Cavell? Condemned to death on March 3rd, 1915, by German judges, on a charge of espionage, for a month her persecutors deferred carrying the sentence into effect, during which they endeavoured, by every means in their power, without avail, to induce her to betray those with whom she was associated. She died a martyr, proclaiming her allegiance to her country and her King.

The British Chamber of Commerce in Belgium, which is making an appeal for support of the movement, relates of her that:—

At her mock trial, alone, without aid of any kind, she stood and faced her judges. To the question, "Why did you enter the service of espionage?" she replied:—

"From hatred of your system and from a love of my country; but I am not a spy like your spies. You have no business to be here at all. You have broken all your promises and are acting against every principle of right."

"If you are pardoned, what would you do?"

"Begin again."

"Your crime is enormous; you have been the cause of the loss of several thousand German soldiers."

"You make me very happy; I have taken all my precautions and the service will continue just as though I were there."

"You will be pardoned if you will only give some indications about your organization."

"No; a thousand times, No!"

She refused to sign a petition for mercy, and at the execution insisted upon not having her eyes bandaged. With head erect, facing the firing squad, she cried, "Vive la Belgique, Vive le R-"

THE HOSPITAL WORLD.

The Bolton Infirmary Committee is embarking on a big scheme of development, to cost £100,000. Mr. E. P. Potter, J.P., has presented the handsome residence, "Fernclough," Heaton, and fourteen acres of freehold ground, for use as a convalescent hospital; and a site has been obtained for a new out-patients' department, a nursing home for patients who are prepared to pay a nominal fee, an administrative department, and nurses' quarters.

The upkeep of the enlarged institution will require the doubling of the present annual income, and this has been undertaken by the Workers' Hospital Saturday Committee. The £100,000 is to be raised by public subscription.

Miss Maude MacCallum will be glad to give any information about the Professional Nurses' Union to nurses and others interested. Write to her at Evelyn House, Room 17, 62, Oxford Street, London, W.1.

APPOINTMENTS.**MATRONS.**

Grosvenor Hospital for Women, Vincent Square, S.W.—Miss Alice Thorne has been appointed Matron. She at present holds the position of Assistant Matron at the Chelsea Hospital for Women.

Stobhill Hospital, Glasgow.—Miss Florence Ada Merchant has been appointed Matron. She was trained at the Warneford Hospital, Leamington, and for a number of years has been Matron of the Eastern District Hospital, Glasgow. Miss Merchant holds the certificates of the Scottish Board of Health and the Medico-Psychological Association, and is a Certified Midwife.

Infectious Diseases Hospital, Knaresborough, and Small Pox Hospital, Hillinghall.—Miss Ada Copeland has been appointed Matron. She has trained at Darlington Fever Hospital, and Edinburgh Royal Infirmary, and has been Matron of the Isolation Hospitals at Acomb, York, Chichester, and Bishop's Stortford.

Workmen's Hospital, Abertyswg.—Miss Feodora M. Austen has been appointed Matron. She was trained at the Charing Cross Hospital, and has held the position of Matron of the Cottage Hospital, Kingston, Herefordshire, and the Cottage Hospital, Farrington, and has been Night Sister and Theatre Sister at the Cancer Hospital, Fulham Road, London.

Public Hospital, Demerara.—Miss Susie Clapham has been appointed Matron. She was trained at the Portsmouth Royal Hospital, and at the City of London Lying-in Hospital, and has been Matron of the Silver City Sanatorium, New Mexico, and of the Civil Hospital, Gibraltar.

Hospital for Infectious Diseases, West Heath, Congleton.—Miss F. E. Bates has been appointed Matron. She was trained at St. Mary's Hospital, Paddington, and has done Military nursing.

SUPERINTENDENT NURSE.

Coventry Union Infirmary.—Miss Hannah H. Newton has been appointed Superintendent Nurse. She was trained at the Leeds Township Hospital, and has held the position of Superintendent and Assistant Matron at the Northumberland War Hospital, Newcastle-on-Tyne, Sister at Hendray Hospital, Barnsley, and Assistant Superintendent at Sunderland.

SISTER.

Taunton and Somerset Hospital.—Miss Elizabeth Rogers, R.R.C., has been appointed Sister. She was trained at the General Infirmary, Worcester, and has been Sister and Assistant Matron in Q.A.I.M.N.S.R. 1914 to 1919.

Edinburgh Royal Maternity Hospital.—Miss Margaret B. C. Cowan has been appointed Ward Sister. She was trained at the Victoria Infirmary, Glasgow, where she continued to work—and has also done military nursing during the war.

CHARGE SISTER.

Romford Union.—Miss Mary Ann Sladen, has been appointed Charge Sister. She was trained at the Withington Hospitals, Manchester, and has held the position of Maternity Night Nurse under the Manchester Board of Guardians, and done Military nursing at the Nell Lane Military Hospital.

CHARGE NURSE.

Erdington Infirmary, Birmingham.—Miss Annie Ellis has been appointed Charge Nurse. She was trained at the Infirmary, High Street, Lewisham, and at the South Western Fever Hospital (M.A.B.). She has also done private nursing, and has been engaged in military nursing since 1914, until demobilized in the present year.

LONDON HOMŒOPATHIC HOSPITAL.

Miss Clara Robinson, R.R.C., is appointed Matron of the London Homœopathic Hospital vice Miss Edith Annie Eddison, R.R.C., resigned owing to private reasons. There were fifty-six applications for a Selection Committee of the Board of Management to recommend a Candidate from.

Miss Clara Robinson was trained at the Nightingale Training School of St. Thomas' Hospital, and was afterwards appointed Sister at Portsmouth Royal, then Sister at Charing Cross, and afterwards gained experience in Housekeeping and in the Kitchen Departments by taking Assistant Matron's post at the London Homœopathic Hospital. She then took the Matron's post of the Buchanan Hospital at St. Leonard's-on-Sea, where she has during the war been nursing wounded soldiers, and after being twice mentioned in Despatches, was awarded the Royal Red Cross.

Miss Robinson hopes to take up her appointment on the 1st March, 1920.

PRIZE WINNERS AT BRISTOL.

The annual prize-giving took place at the Bristol General Hospital on the 11th inst, when Mrs. Michell Clarke distributed the prizes as follows:—

Gold Medal.—Nurse Dorothy Dingle.

Silver Medal.—Nurse Julie Hillier.

Certificates of Efficiency.—Nurse Marjorie Fortey, Nurse Dorothy Crocker, Nurse Dorothy Turner, Nurse Margaret Glasbrook, Nurse Sheilah Grant, and Nurse Margaret Murphy.

Lottie Culverwell Prize (awarded by Mrs. Samuel Hosegood to the best nurse of the year).—Nurse Dorothy Dingle.

Surgical Nursing.—1, Nurse Beatrice Warral; 2, Nurse Dorothy Crocker.

Medical Nursing.—1, Nurse Margaret Glasbrook; 2, Nurse Dorothy Dingle.

Anatomy.—1, Nurse Elizabeth McLeod; 2, Nurse Elizabeth Wheeler.

Physiology.—1, Nurse Elizabeth McLeod; 2, Nurse Florence Large.

Practical Nursing.—1, Nurse Isabella Swift; 2, Nurse Verna Tribbley.

The Chairman, Mr. Herbert M. Baker, paid a tribute to the work of the matron, Miss Densham, and the assistant matron, Miss A. Cameron.

THE STORE CUPBOARD.

A well-stocked store cupboard should always contain the following: Nestlé's Milk (NESTLÉ'S, 6 and 8, Eastcheap, E.C. 3), Bovril, in bottles or cubes (BOVRIL, LTD., Old Street, E.C.), Horlick's Malted Milk, of which full supplies are now available (HORLICK'S MALTED MILK CO., Slough, Bucks.), Virol (VIROL, LTD., Old Street, E.C.), so useful in the diet of expectant mothers, infants and young children.

OUR ADVICE TO SOUTH AFRICAN NURSES.

We gather from the *South African Nursing Record* that Miss Alexander, who has returned to Kimberley from work in Europe, is advising South African Nurses to join the College of Nursing, Ltd. Why? What use can such a Company be to them?

The South African nurses have their own Trained Nurses' Association, with District Branches throughout the Union, which should be, and is, able to deal with their professional affairs. We presume Miss Alexander has taken with her copies of the Memorandum and Articles of Association of the College Company, and will be careful to point out to nurses she advises to pay a guinea to place their names on the College Register (Roll of Members) that its Council can at any time remove their names from this Register *without any right of appeal* on the part of the nurse so removed. If not we consider it the duty of the *South African Nursing Record* to place this dangerous and autocratic provision before the members of the Nursing Profession in South Africa.

Miss Alexander recently informed nurses at the Kimberley Hospital that "The Registration Bill in England had been thrown out through lack of unity." This is not correct—the Registration Bill has never been "thrown out," and appeared to the end of the Session on the Orders of the Day. What did happen was that, consumed with jealous intolerance of the Bill promoted by the Central Committee, and in order to incorporate the College Company as the Governing Body of the profession, the Council of the College circularised its members to help wreck the Bill, and obstructed its progress through the House of Commons by having dozens of wrecking amendments placed on the Order paper by half a dozen M.P.'s—at the request of their constituents. Votes, not principles, influenced these politicians in their wrecking policy.

All this is now past history, and as the Government has come forward and dealt justly with the Profession in the United Kingdom as a whole, we can afford to treat the College tactics, now they have failed, with the contempt they deserve.

To talk of co-operating with England through the College Company, as Miss Alexander advises, is misleading South African Nurses.

The only way to co-operate with England is to register under the Nurses Registration Act, and secure reciprocity and legal status when working in the Mother country. Our advice to South African Nurses is to save their guineas for this purpose until the General Nursing Council set up by the Act defines the Rules.

The Right Hon. Viscount Astor has consented to accept the office of President of the Thirty-first Congress of the Royal Sanitary Institute, to be held at Birmingham from July 19th to 24th, 1920.

NURSES AND TRADE UNIONISM.

Speaking at a recent meeting of the Poor Law Workers' Trade Union, Miss Maude MacCallum said:—

"Since she had been working in this matter two things had struck her forcibly. The first was the need of united action on the part of all workers, and the second, how very many others besides herself had recognised that fact and already got to work. But nobody could imagine that a Union was started just for fun. As one of the organisers of the Professional Union of Trained Nurses, she assured them there was no amusement whatever to be got out of it. The only reason she could give for this desire for work and worry was that a stronger force than themselves was driving them forward, and even making them capable of doing things they would never have thought it possible to do. What was this force? The word 'evolution' would, to some extent answer that question. This generation, with their Unions, were building a foundation on which the finest and noblest edifice ever built would be eventually reared; and that was the universal brotherhood of man, when peace and goodwill, happiness and health would be the rightful heritage of every man, woman and child. On the other hand, they would be told, as she had been, that Unions were wicked things, invented to cause strikes and other inconveniences. Mistakes had been made, no doubt, by Unions, just as they had by every other body. It was up to them to improve on these errors. If that was their duty to their neighbour and posterity, what about their duty to themselves? She spoke more especially to nurses. It was right for every man and woman who was able, to do a certain amount of work for the public good, but was it right for any one section to have to work so long and so strenuously that their work could not be their best, and sometimes not even their second best? That was so often the case with nurses—they were often too utterly worn out to care about anything; they had often no time or strength for amusements or recreation, for improving their minds, or stretching their souls; it was just a round of grinding work and exhausted sleep. She appealed to nurses to join a Union of some sort."

We note that the public is not going to follow the example of the College of Nursing, Ltd., and its subsidised Press, and go bald-headed in opposition to "The Professional Union of Trained Nurses." We know the cussedness of human nature—make a person or an association into a martyr and it is bound to be crowned with a halo sooner or later. What the new Union has a right to is fair play so that it can work out its own salvation, and when College officials talk of Bolshevicks and the Burdett Press of "wolves," they are happily defeating their ends, in attempting to suppress a Nurses Trade Union, and arousing sympathy for the new movement—which is all to the good.

We are glad to note that Miss Gertrude Rogers, President of the Leicester Royal Infirmary Nurses' League in a letter to members published in its *Journal*, advises them to study the subject of a Nurses' Trades Union carefully, and adds, "don't rush into a movement because 'something must be done,' nor condemn it off-hand."

BOOK OF THE WEEK.

"THE BUILDERS."*

This story, saturated with the atmosphere of South America, and dealing with many social and political problems, has for its central figure a trained nurse, and we venture to think there is material in the story that will appeal in some way or another to the many and varied tastes of our readers.

Caroline was of the temperament that is bound to suffer.

Before the story opens, some years before, she had gone down into the deeps, but characteristically had refused to stay there.

At thirty-two "she was young, with an illusive and indestructible face of the soul. Her face seemed the face of some swiftly-changing idea. Long ago, before the wreck of her happiness, her father had said that Caroline's eyes were like blue birds flying. After eight years of nursing she had learned that nothing varied the monotonous personalities of patients."

To-day, as she sits in her Virginian home in company with her mother and sisters, she receives another call to work. Her mother, with scant income, had brought up her girls to take life gaily, and to rely on their own resourcefulness rather than on fortuitous events. As for instance her order to the old negro to bring some more wood for the fire.

"Dar ain' no mo wood 'ole Miss."

"Well, the garden fence is falling down by the smoke house, split up some of the rails."

The letter which brought the summons to Caroline was a long one, and explained the nature of the case for which she was required. A little delicate girl, a mother, one of the loveliest creatures on earth, a father of immense wealth and of good family, who upheld the Republican party, but who did not seem satisfied with their ways, and who was reported to treat his wife abominably.

"Well he can't hurt me," said Caroline firmly. Nothing she felt in an uncertain world was more certain than this—no man could ever hurt her again.

The period about which this book is written is that immediately preceding America's decision to come into the war.

Beautiful Mrs. Blackburne, with her appeal of delicacy and feminine weakness went to Caroline's heart. She was like a fragile white flower that could not live without warmth and sunshine. Though she was not tall, her extraordinary slenderness gave her the effect of height and the enchanting lines of one of Botticelli's graces.

"I never saw anyone lovelier than Mrs. Blackburne," she confided to Mrs. Timberlake, the cousin housekeeper, "she looks like an angel."

"Well, I reckon there's mighty little to say against Angelica's looks, unless your taste runs to a trifle more flesh," responded Mrs. Timberlake drily.

Caroline was aware of a stiffening of her figure, as if she were nerving herself for an outburst.

* Ellen Glasgow. John Murray.

Caroline put this lovely creature on a pedestal, and it was some little time before she was taken down.

It was Mrs. Blackburne's rôle to be the suffering and ill-used wife, and it was the firm belief of her circle that such was the case.

David, her husband, far from being the Blue-beard he was supposed to be, was a man of strong character and deep tenderness.

Too proud to justify himself, he allowed his beautiful wife to put him in the wrong with impunity.

The appeal she made was of an innocent and beautiful creature, who is unhappy. Against the background of an unfortunate marriage she moved with the resigned and exalted step of a Christian martyr.

It took Caroline some time to readjust her ideas of their relationship; it was a gradual process and very thorough.

David was a patriot before all things, and his wife would interrupt his idealism with the dead-weight of her disapproval, shown in public by a dainty plaintiveness that effectually quenched his fire. "It was a though as blight had fallen over the dinner party, and in this blight Angelica made charming futile efforts to keep up the conversation. She tried so hard, her eyes, very gentle and pensive seemed to say, and all her efforts were wasted."

Caroline's devotion to her fragile little charge, Letty, won the father's gratitude and admiration, and little by little Caroline's unwilling eyes were disillusioned with the beautiful artificial woman, and her heart, which she had vowed should never be hurt again, was unrealised by herself given over to the lonely man who bore his trials so bravely.

Angelica, while she recoiled from anything coarse, or unconventional, was not above stealing Mary's rich young lover, and she made her husband's visits to his delicate child a pretext for unworthy and knowingly false accusations of Caroline in order to pave the way for freedom from her marriage bond.

It was only after a hurried and indignant departure that Caroline came up against the knowledge that once more she was in the toils, and that she loved David.

"Love is the greatest good in the world, but if it is not the only good," said Caroline.

His love, if it ever came to her, would be the flower not of transient passion but of profound intellectual sympathy. Both had learned that the only permanent love is rooted deeply in thought as desire."

But David was not a man to lower his personal ideals any more than those of his patriotism.

On his return from the war he tells Caroline—

"I have seen death, faced it with gladness for a great cause, and though I am not always strong enough to keep the vision, I have learned that life may be faced, if not with gladness, with courage and patience."

This is a noteworthy and most interesting book. It stands for clean standards and high ideals.

H. H.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A VICTORY WORTH WAITING FOR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—There is no need for me to wish you a Happy Christmas this year; it is assured. After all your years of striving, victory at last, and a Victory worth waiting for. Those of us who remember the early days of the Registration fight know how you always stood firm for certain fundamental principles—chief among them an independent governing body for the Nursing Profession, with adequate representation upon it of registered nurses directly elected by themselves. Both of these have been granted to us in the Government Bill, and we cannot be sufficiently grateful to the Minister of Health and his advisers for placing in our hands so effective an instrument for the management of our own profession.

The responsibility for its use now rests with us.

No one knows better than myself how, over and over again, had you not stood in the breach and held the fort against overwhelming odds, we should have had legislation for nurses strangling our liberties, and placing us under lay control.

We owe it to your leadership that the Nursing Profession has not been submerged, but is about to become a vital force in helping to build up the national health, and, therefore, the national happiness.

Little do the Nursing Profession know what they owe to THE BRITISH JOURNAL OF NURSING, with which I shall ever hold it an honour to have been associated during the Registration battle.

Yours gratefully,

MARGARET BREAY.

[Neither does the Profession know what it owes to the untiring labours of Margaret Breay for the past thirty years. Only those who have worked with her can estimate her devotion and self-sacrifice on its behalf.—ED.]

A LIVING WAGE FOR DISTRICT NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The appeal made some time ago in the press by a rural district nurse asking for support in her assertion that an annual salary of £70 is not a living wage, raises the question, not only of salaries in the nursing profession, but of the employment of partially-trained women, for those in receipt of the salary quoted are doubtless partially trained nurse midwives working in County Associations.

The whole subject of the nursing of rural areas requires consideration. Leaving on one side the economic fact that the employment of the unskilled drags down the remuneration of the skilled, I maintain that the working classes of the

future are not going to submit to having anything but fully-trained nurses, and I believe that the only way to organise rural areas will be by the establishment of centres—totally independent of the present hampering parochial system—probably grouped round maternity hospitals or cottage hospital. Such a centre should be in charge of a highly trained and experienced woman, who should have under her a staff of (a) fully-trained nurses, (b) midwives, (c) household helps, whom she could send to the areas where they are required.

By the present system a nurse may be comparatively idle in one small parish, whilst her sister is overworked in the next one, and there is no nurse in the third.

With regard to the salary mentioned, no nurse, whether she is fully trained or not, can work as a nurse should work and live as a nurse should live and put by for the years when she can no longer work (which come sooner for nurses than for many workers) on the sum of £70 a year, even though, as is the extenuating fact, the Association employing her has expended money on her training.

The remuneration of fully-trained nurses is also quite inadequate. Valuable statistics on the subject have been published by the National Union of Trained Nurses and widely circulated. Unless institutions and associations wake up to the fact stated in this pamphlet and provide salaries that make life worth living, the present shortage of the right type of probationer will increase until the profession entirely ceases to attract intelligent and well-educated girls.

If individuals cannot provide the necessary funds, the State must. The plan which has been promulgated of forming a State Service of Midwives is wasteful for sparsely-inhabited areas, where there is not enough work to occupy a woman who is only a midwife. The solution may be a State Service of Nurses, Midwives, and Helpers indicated above.

I am, yours faithfully,
E. L. C. EDEN.

KERNELS FROM CORRESPONDENTS.

Member of League: "Our League is no use whatever, excepting for social purposes. Matron disapproved of us affiliating with the National Council of Trained Nurses, and we have never mentioned registration officially during the whole time the Bills, touching our future interests at every point, have been before Parliament. I call us a League of idiots!"—[You must be.—ED.]

Out of Work Private Nurse: "The College Chairman, in a letter to members, states 'it is essential that the economic conditions of the members should be carefully safeguarded.' It would be interesting to know what the College Council has done to put down private nursing exploitation by hospital committees. I note that private nursing institutions are run by the following hospitals, the matrons of which have seats on the Council: Barts, Guys, St. Thomas (Johns House), and Royal Infirmary, Manchester.

This abuse does not pertain in Scotland, and it is high time it was discontinued in England and Ireland.

A Canadian Nurse: "I find that a goodly number of English nurses are coming to Canada and taking up the work of the Victorian Order, as they claim the V.A.D., of whom there were such large numbers in the British—or rather English—hospitals, are already encroaching upon the work hitherto done by graduate nurses. The English women one and all have certainly worked most faithfully and untiringly through the entire war, how they will now be content to go back to the quiet conventional life I can't see. . . . I was recommended the "N.M." by an Army Nurse at the Canadian Red Cross Club in Montreal. I am indeed surprised that she should not have appreciated the difference between it and the B.J.N. and the principles for which they stood. I enclose my subscription."

OUR PRIZE COMPETITIONS.

December 27th.—Describe the appearance of the skin in (a) eczema, (b) psoriasis, (c) ringworm, (d), lupus. How are these diseases treated?

January 3rd.—What measures would you adopt to check hæmorrhage from (a) The lungs (hæmoptysis), (b) a deep cut in the forearm, (c) a ruptured varicose vein?

January 10th.—What nursing treatment and management are required for a case of infantile wasting?

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LAST WORD FOR 1919.

"Where the mind is without fear, and the head is held high,
Where knowledge is free,
Where words come out from the depths of truth,
Where tireless striving stretches its arms towards perfection,
Where the clear stream of reason
Has not lost its way in the drear desert of dead habit,
Where the mind is led forward by God into ever widening thought and action,
Into that heaven of freedom
My father, let my country awaken."

RABINDRANATH TAGORE.

The Midwife.

EVENT OF THE YEAR.

The event of the year in the Midwifery World has been the transference of the Central Midwives Board from the jurisdiction of the Privy Council to that of the Ministry of Health.

CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives' Board was held at 1, Queen Anne's Gate Buildings, Westminster, on Thursday, December 18th, Sir Francis Champneys in the chair.

REPORT OF STANDING COMMITTEE.

Dr. R. P. Ranken Lyle wrote on behalf of the Newcastle Maternity Hospital stating that owing to the great increase of students in Newcastle, and nurses at the Maternity Hospital, there is great difficulty in finding cases for all, and asking if the Board will consent to a case counting for a probationer midwife as well as for a medical student, and further stating that the Medical Officer of Health for Newcastle would greatly approve of this concession being granted.

The Board decided to inform Dr. Ranken Lyle that it cannot see its way to the alteration which he suggests, as it would lower the standard of the training of midwives, and that the Board has no duties with regard to the training of medical students.

Letters were received from the Superintendent of the West Riding Nursing Association and the Matron of the Ladies' Benevolent Institution, Chester, complaining of the treatment of candidates from those institutions who attended the Board's Examinations at Manchester in November last, and drawing attention to the views of the Examiners at that Centre with regard to the treatment of ante-partum hæmorrhage.

A letter was also received, on the same subject, from the approved Teachers' Sub-Committee of the Midwives' Institute.

It was resolved that every examiner be reminded that the correctness of any particular treatment cannot be determined by the private opinion of each examiner, but that the teaching of responsible authorities must be accepted.

A letter was received from the Secretary of the Central Midwives' Board for Ireland, suggesting an amendment of the Form of having attended a course of lectures (Rule C. 1 (1) (c) Form IV in Schedule to Rules) with a view to allowing a course of twenty lectures to be delivered by more than one lecturer if necessary.

It was decided to reply that the Board has always considered that it is best that the lectures should be delivered by one person. Its practice has been to accept the signature of more than one

person in exceptional cases, and has found this arrangement to work satisfactorily.

The Board received a letter from Mr. H. O. Stutchbury, of the Ministry of Health, suggesting a conference between himself, Dr. Janet Campbell, Members of the Board, and representatives of the Board of Education on the question of approval as training centres of Maternity Homes established under schemes of the Ministry of Health.

The Chairman, Lady Mabelle Egerton, Dr. Fairbairn, Miss Paget, and Mr. Sangster were appointed to be the Board's representatives at such conference.

BOARD MEETINGS FOR 1920.

The dates of the ordinary Board Meetings for 1920 were fixed as follows:—January 22nd, February 19th, March 18th, April 22nd, May 20th, June 17th, July 22nd, October 14th, November 18th, December 16th.

APPLICATIONS.

Applications were considered from twelve midwives holding certificates accepted by the Central Midwives' Board for Ireland, and the Central Midwives Board for Scotland, to be certified by the Board under Section 10 of the Midwives' Act, 1918, and it was decided that a certificate be granted to each of them on payment of the fee of one guinea.

Applications from four midwives for voluntary removal from the Roll were considered and accepted.

SMITH v. CENTRAL MIDWIVES' BOARD.

The Chairman gave notice of motion for rescission of resolution removing Lucy Smith from the Roll. (Rule A. 12.)

TO MY LITTLE SON.

We were so very intimate, we two,
Even before I knew
The outline of the little face I love,
Or bent above
The small, sweet body made so strong and fair;
For we had learned to share
The silences that are more near than speech
Before your cry could reach
My listening heart, or I could see
The miracle made manifest to me.

O little son,
Most glad, most radiant one,
Too soon, too soon, the hour must be cried
That draws you from my side!
In life's exultant hands is lifted up
This newly moulded cup
The tangled vineyard of the world demands
Your toiling hands.
Look deep, and in all women that you meet
Your searching gaze will greet
This mother of the child that used to be;
Beholding women, oh, remember me!

—Pauline Florence Brower.

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